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”.

4.1.5 340B Pharmacy Billing

Only pharmacy providers registered as 340B entities and listed on the Health Resources and Services Administration (HRSA) Medicaid Exclusion File may bill drug stock purchased through 340B. Providers who are designated as a "Covered Entity" and have opted to "Carve-In" (all drugs dispensed to Medicaid patients and purchased under the 340B Drug Pricing Program) must submit 340B claims as detailed below.

Incoming 340B pharmacy claims from non-340B pharmacies will deny.

Possible Denial EOB Code

NCPDP rejection code **05** (M/I Pharmacy Number) mapped to EOB code **063** (Not a 340B pharmacy, rebill regular stock)

340B Drug Ingredient Cost

The ingredient cost must be billed at the 340B actual acquisition cost (AAC). 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.

Required NCPDP Field

NCPDP 409-D9 Field (Ingredient Cost Submitted): **340B Actual Acquisition Cost**

If the ingredient cost submitted is $0, "blank" or greater than or equal to NADAC, WAC or FUL, the claim will deny.

Possible Denial EOB Code

NCPDP reject code **23** (M/I Ingredient Cost) mapped to EOB code **970** (Invalid 340B Ingredient Cost Submitted)

340B Claim-level Indicators

The claim-level indicators must be submitted to identify 340B claims.

Required NCPDP Field(s)

NCPDP 420-DK Field (Submission Clarification Code) **20** (340B)
NCPDP 423-DN Field (Basis of Cost Determination) **08** (340B/Disproportionate Share Pricing/Public Health Service)

Possible Denial EOB Code

NCPDP reject code **50** (Non-Matched Pharmacy Number) mapped to EOB code **939** (Missing or Invalid 340B Claim Level Indicator)

340B Vaccine Claims

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.

Hepatitis C Virus DAA Agents

Pharmacy claims submitted by 340B pharmacies for Hepatitis C Virus DAA agents will deny.

Possible Denial EOB Code

NCPDP reject code **70** (Product/Service Not Covered) mapped to EOB code **708** (340B Claims Not Allowed for the NDC Submitted)

Note: For additional 340B information, please refer to the Louisiana Medicaid Pharmacy Benefits Management Services Provider Manual, Chapter 37.5.9: Public Health Services 340B Drug Pricing Program
https://www.lamedicaid.com/Provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf

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	75	> 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.

*** 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

The Louisiana Medicaid beneficiary may be charged a copayment only, unless the beneficiary is copayment exempt or receiving a copayment exempt medication.

Co-Payment Exemptions

- Individuals younger than 21 years old
- Long-term care beneficiaries (residing in a nursing facility or ICG/IID)
- Pregnant women
- Family planning services
- Emergency services
- Native Americans
- Alaskan Eskimos
- Women who are receiving services on the basis of breast and cervical cancer
- Beneficiaries receiving preventive services included in U.S. Preventive Services Task Force (USPSTF) A and B Recommendations, some examples are:
  - Aspirin 81 mg for women ages 12-19 years of age and men ages 45-79 years of age
  - Folic acid 0.4mg and 0.8mg for women ages 12-54 years of age
  - Vitamin D 400 IU for women and men ages 65 and older
- Beneficiaries receiving hospice services
- Beneficiaries with waiver type cases

Co-Payment Amounts

Monthly Income	**Co-payment**
When 5% of Family's Monthly Income Is Spent on Copays	$0.00
Medication Cost	**Co-payment**
$5.00 or less	$0.00
$5.01 to $10.00	$0.50
$10.01 to 25.00	$1.00
$25.01 to $50.00	$2.00
$50.01 or more	$3.00

Point of Sale Override(s)
NCPDP field 418-DI (Level of Service) **03** (Emergency)
NCPDP field 461-EU (Prior Authorization Type Code) **8** (Pregnancy)
Documentation Required

Emergency Override
The notation of "Emergency Prescription" must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

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 or in the pharmacy's electronic recordkeeping system 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 75) – Prior 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 may obtain the prior authorization (PA) for non-preferred agents, agents which require clinical PA or where PAs are otherwise required. PA requests may be submitted to the University of Louisiana at Monroe, College of Pharmacy via the following mechanisms:

- Electronic Prior Authorization (E-PA);
- Telephone;
- Facsimile; or
- Mail

The requests are evaluated and the pharmacist reviewer makes a decision.

The PA decision is communicated by phone before the conclusion of a phone request. If submitted via E-PA, fax or mail, decisions are delivered electronically, faxed or mailed to the requestor within twenty-four (24) hours of receipt of a PA request.

Approved requests are added to the claims adjudication system.

Method Used to Request Prior Authorization (PA)	Use Information Below to Submit PA*
Electronic Prior Authorization (E-PA)	Louisiana Medicaid (lamedicaid.com)
Phone	1-866-730-4357
Fax	1-866-797-2329
Mail	ULM College of Pharmacy Rx PA Program 1800 Bienville Drive Monroe, LA 71201-3765

* ULM Prior Authorization Unit hours of operation are 8 a.m. to 6 p.m. Central Time, Monday through Saturday.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB **484** (New RX requires PA) (prescribing provider must contact ULM) ➔NCPDP rejection code **75** (Prior Authorization Required)
EOB **485** (PA required. MD must call ULM operation staff) ➔ NCPDP rejection code **75** (Prior Authorization Required)
EOB **486** (PA expired> MD must call ULM operations staff) ➔ NCPDP rejection code **75** (Prior Authorization Required)

Emergency Override
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.

Note: 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.

Documentation Required
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 or in the pharmacy's electronic recordkeeping system. When the pharmacist determines the prescription is an emergency, the pharmacist must indicate "Emergency by Pharmacist" on the hard copy prescription or in the pharmacy's electronic recordkeeping system.

Point of Sale Override
In emergency situations at Point of Sale, if it is necessary to override the claim, "**03**" can be entered in **NCPDP field 418-DI** (Level of Service).

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.

4.2.11 Diagnosis Code Requirements for Select Medications

Prescriptions for select medications require a diagnosis code for reimbursement. The diagnosis code should be documented on the electronic or 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: For a complete listing of drugs with diagnosis code requirements at Point of Sale and acceptable diagnosis codes, refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

Required NCPDP Field
NCPDP 424-DO field (Diagnosis Code)
Possible Denial EOB Code
NCPDP rejection code **39** (M/I Diagnosis Code) mapped to EOB **575** (Missing or Invalid Diagnosis Code)

4.2.12 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 POS when the prescriber has obtained an approved clinical authorization. Specific behavioral health medications throughout the POS User Guide are noted for behavioral health clinical authorization requirements for recipients less than 7 years old.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)
NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Exclusions for Clinical Authorization Requirement

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 a seizure related diagnosis code is submitted.

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 a hypertension-related diagnosis code is submitted.

Perphenazine and Prochlorperazine

A pharmacy claim will bypass the Clinical Authorization requirement at Point of Sale for perphenazine and prochlorperazine (Compazine®) when a nausea and vomiting diagnosis code is submitted.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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 Acne Agents

Generic Name (Brand Name Example)
Adapalene Cream, Gel, Gel Pump (Differin®)
Adapalene/Benzoyl Peroxide (Epiduo®)
Adapalene/Benzoyl Peroxide/Clindamycin Gel (Cabtreo®)
Azelaic Acid (Azelex®)
Clascoterone Cream (Winlevi®)
Clindamycin Phosphate Foam, Gel, Lotion, Medicated Swab, Solution (Cleocin-T®)
Clindamycin Phosphate/Skin Cleanser 19 (Clindacin® Pac Kit)
Clindamycin Phosphate/Benzoyl Peroxide Gel (BenzaClin®)
Clindamycin/Benzoyl/Emollient Combo 94 (Neuac™ Kit)
Clindamycin/Tretinoin Gel (Ziana®)
Dapsone Gel (Aczone®
Erythromycin Gel, Solution
Erythromycin Medicated Swab (Ery 2% Pads)
Erythromycin/Benzoyl Peroxide Gel (Benzamycin®)
Minocycyline Topical Foam (Amzeeq™)
Sulfacetamide Sodium Cleanser, Cleanser ER, Cream ER, Lotion, Shampoo, Suspension, Wash (Ovace® Plus)
Sulfacetamide Sodium/Sulfur Cleanser, Cream, Foam, Lotion, Medicated Pads, Suspension, Wash (Avar®)
Sulfacetamide Sodium/Sulfur/Cleanser 23 (Sumaxin® CP Kit)
Sulfacetamide Sodium/Sulfur/Urea Cleanser
Tazarotene Cream, Foam, Gel, Lotion (Tazorac®)
Tretinoin Cream, Gel, Lotion (Retin-A®)
Tretinoin/ Benzoyl Peroxide Pump (Twyneo®)*

** Pharmacy claims for this agent require additional clinical information for prior authorization review.*

Pharmacy claims for select **acne** agents will be subject to the following:

- Prior/clinical authorization
- Age limit
- Quantity limit

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred acne agents** require additional clinical information (acne severity) for prior authorization review.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Age Limit
Pharmacy claims for **all acne** agents are limited for use in recipients who are younger than 21 years of age when used for acne.

Possible Denial EOB Code
EOB code **234** (P/F Age Restriction) → NCPDP reject code **60** (Product/Service Not Covered for Patient Age)

Exclusions for Age Limit Edits for Tazarotene Cream/Gel
Pharmacy claims submitted with an ICD-10-CM diagnosis code for psoriasis (L40*) in NCPDP field 424-DO will bypass the age restriction and the clinical authorization requirement 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*

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

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

Quantity Limit
Pharmacy claims for the following **acne** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Strength	Formulation	Quantity Limit
Adapalene (Differin®)	0.1%	Cream	45 gm
Adapalene (Differin®)	0.1%	Gel	45 gm
Adapalene (Differin®)	0.1%	Lotion	59 mL
Adapalene	0.1%	Solution	60 mL
Adapalene (Differin®)	0.3%	Gel Pump	45 gm
Adapalene/Benzoyl Peroxide (Epiduo®	0.1%/2.5%	Gel	45 gm
Adapalene/Benzoyl Peroxide (Epiduo® Forte)	0.3%/2.5%	Gel	45 gm
Azelaic Acid (Azelex®)	20%	Cream	30 gm

Generic Name (Brand Name Example)	Strength	Formulation	Quantity Limit
Clascoterone (Winlevi®)	1%	Cream	60 gm
Clindamycin Phosphate (Cleocin-T®)	1%	Gel	60 gm
Clindamycin Phosphate (Clindagel®)	1%	Gel	75 mL
Clindamycin Phosphate (Cleocin-T®)	1%	Lotion	60 mL
Clindamycin Phosphate (Cleocin-T®)	1%	Medicated Swab	1 box of 60
Clindamycin Phosphate (Cleocin-T®)	1%	Solution	60 mL
Clindamycin Phosphate (Evoclin®)	1%	Foam	100 gm
Clindamycin Phosphate (Clindacin® Pac)	1%	Solution Pledgets	1 pack
Clindamycin Phosphate/Benzoyl Peroxide (BenzaClin®)	1%/5%	Gel	25 gm
Clindamycin Phosphate/Benzoyl Peroxide (Duac®, Neuac®)	1.2%/5%	Gel	45 gm
Clindamycin Phosphate/Benzoyl Peroxide (BenzaClin®)	1%/5%	Gel Pump	50 gm
Clindamycin Phosphate/Benzoyl Peroxide (Onexton®)	1.2%/3.75%	Gel Pump	50 gm
Clindamycin Phosphate/Benzoyl Peroxide (Acanya®)	1.2%/2.5%	Gel Pump	50 gm
Clindamycin Phosphate Cleanser 19 (Clindacin® Pac Kit)	1%	Kit	1 kit
Clindamycin/Benzoyl/Emollient Combo 94 (Neuac™ Kit)	1.2%/5%	Kit	130 gm
Clindamycin/Tretinoin (Ziana®)	1.2%/0.025%	Gel	60 gm
Dapsone (Aczone®)	5%	Gel	90 gm
Dapsone (Aczone®)	7.5%	Gel Pump	90 gm
Erythromycin (Erygel®)	2%	Gel	60 gm
Erythromycin (Ery 2% Pads)	2%	Medicated Swab	1 box of 60
Erythromycin	2%	Solution	60 mL
Erythromycin/Benzoyl Peroxide (Benzamycin®)	3%/5%	Gel	46.6 gm
Minocycyline Topical Foam (Amzeeq™)	4%	Foam	30 gm
Sulfacetamide Sodium (Ovace® Plus)	10%	Cleanser	480 mL
Sulfacetamide Sodium (Ovace® Plus)	10%	Cream	57 gm
Sulfacetamide Sodium (Ovace® Plus Wash)	10%	Gel	355 mL
Sulfacetamide Sodium (Ovace® Plus)	9.8%	Lotion	57 gm
Sulfacetamide Sodium (Ovace® Plus)	10%	Shampoo	237 mL
Sulfacetamide Sodium (Klaron®)	10%	Suspension	118 mL
Sulfacetamide Sodium (Ovace®)	10%	Wash	480 mL
Sulfacetamide Sodium (3.5oz) (Ovace® Plus)	9.8%	Foam	100 gm
Sulfacetamide Sodium/Sulfur (Sumadan®)	9%/4.5%	Cleanser	1 kit
Sulfacetamide Sodium/Sulfur (BP 10-1®)	10%/1%	Cleanser	170.1 gm
Sulfacetamide Sodium/Sulfur (Avar® LS)	10%/2%	Cleanser	227 gm
Sulfacetamide Sodium/Sulfur (Avar®)	10%/5%	Cleanser	227 gm
Sulfacetamide Sodium/Sulfur (Zencia™ Wash)	9%/4%	Cleanser	473 mL

Generic Name (Brand Name Example)	Strength	Formulation	Quantity Limit
Sulfacetamide Sodium/Sulfur (Plexion®)	9.8%-4.8%	Cleanser	285 gm
Sulfacetamide Sodium/Sulfur (Box of 60) (Avar®)	9.5%/5%	Cleansing Pad	1 unit
Sulfacetamide Sodium/Sulfur (Box of 60) (Avar® LS)	10%/2%	Cleansing Pad	1 unit
Sulfacetamide Sodium/Sulfur (Avar-e® LS)	10%/2%	Cream	57 gm
Sulfacetamide Sodium/Sulfur (Avar-e® Green)	10%/5%	Cream	57 gm
Sulfacetamide Sodium/Sulfur (SSS 10-5®)	10%/5%	Cream	28 gm
Sulfacetamide Sodium/Sulfur (Avar® LS)	10%/2%	Foam	100 gm
Sulfacetamide Sodium/Sulfur (SSS 10-5®)	10%/5%	Foam	60 gm
Sulfacetamide Sodium/Sulfur	10%/5%	Lotion	30 gm
Sulfacetamide Sodium/Sulfur (Sumaxin®)	10%/4%	Medicated Pads	1 box of 60
Sulfacetamide Sodium/Sulfur (SulfaCleanse® 8/4)	8%/4%	Suspension	473 mL
Sulfacetamide Sodium/Sulfur (Zetacet®)	10%/5%	Suspension	30 gm
Sulfacetamide Sodium/Sulfur/Cleanser 23 (Sumaxin® CP Kit)	10%/4%	Cleanser	1 kit
Sulfacetamide Sodium/Sulfur/Urea	10%/5%/10%	Cleanser	355 mL
Tazarotene (Tazorac®)	0.1%	Cream	60 gm
Tazarotene (Fabior®)	0.1%	Foam	50 gm
Tazarotene (Arazlo™)	0.045%	Lotion	45 gm
Tazarotene (Tazorac®)	0.1%	Gel	60 gm
Tretinoin (Avita®; Retin-A®)	0.025%	Cream	45 gm
Tretinoin (Retin-A®)	0.05%	Cream	45 gm
Tretinoin (Tretin-X®)	0.075%	Cream	35 gm
Tretinoin (Retin-A®)	0.1%	Cream	45 gm
Tretinoin (Retin-A®)	0.01%	Gel	45 gm
Tretinoin (Avita®, Retin-A®)	0.025%	Gel	45 gm
Tretinoin (Atralin®)	0.05%	Gel	45 gm
Tretinoin (Retin-A® Micro)	0.04%	Gel Microspheres	45 gm
Tretinoin (Retin-A® Micro)	0.1%	Gel Microspheres	45 gm
Tretinoin (Altreno®)	0.05%	Lotion	45 gm
Tretinoin (Pump) (Retin-A® Micro)	0.06%	Gel	50 gm
Tretinoin (Pump) (Retin-A® Micro)	0.08%	Gel	50 gm
Tretinoin (Pump) (Retin-A® Micro)	0.04%	Gel Microspheres	50 gm
Tretinoin (Pump) (Retin-A® Micro)	0.1%	Gel Microspheres	50 gm
Tretinoin/ Benzoyl Peroxide Pump (Twyneo®)	0.1%/3%	Cream	30 gm
Tretinoin/Emollient 9/Skin Cleanser 1 (Tretin-X®)	0.05%	Combo Pack	1 each

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.2 Acoramidis (Attruby™)

Pharmacy claims for **acoramidis (Attruby™)** are subject to the following:

- Clinical authorization
- Quantity limit

Clinical Authorization

Pharmacy claims for **acoramidis (Attruby™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form
Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Quantity Limit

Pharmacy claims for **acoramidis (Attruby™)** will be subject to a quantity limit of **four (4) tablets per day.**

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity and/or days' supply exceeds program maximum)

Point of Sale Override

Upon consultation with the prescriber to verify medical necessity of the excessive quantity, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.3 ADAMTS13, recombinant-krhn (Adzynma®)

Pharmacy claims for **ADAMTS13, recombinant-krhn (Adzynma®)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **ADAMTS13, recombinant-krhn (Adzynma®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.4 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

4.3.5 Aldesleukin (Proleukin®)

Pharmacy claims for **aldesleukin (Proleukin®)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **aldesleukin (Proleukin®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.6 Alpelisib (Vijoice®)

Pharmacy claims for **alpelisib (Vijoice®)** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **alpelisib (Vijoice®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.7 Alzheimer's Agents

Generic Name (Brand Name Example)
Aducanumab-avwa (Aduhelm™)*
Donanemab-azbt (Kisunla™)*
Donepezil ODT, Tablet (Aricept®)
Donepezil Transdermal Patch (Adlarity®)
Galantamine ER Capsule, Solution, Tablet
Lecanemab-irmb (Leqembi™)*
Memantine ER Capsule, Solution, Tablet (Namenda®)
Memantine/Donepezil ER Capsule (Namzaric®)
Rivastigmine Capsule
Rivastigmine Transdermal Patch (Exelon®)

**The above Alzheimer's treatment agents require additional clinical information for prior authorization review. Note specific clinical authorization forms below.*

Pharmacy claims for select **Alzheimer's** treatment agents will be subject to the following:

- Prior/clinical authorization

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred Alzheimer's** treatment agents require prior authorization.

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

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

Aducanumab-avwa (Aduhelm™) Clinical Authorization Form
https://www.ldh.la.gov/assets/medicaid/PharmPC/9.19.24/2/Aduhelm.Form.with.Cover.Sheet.Oct.2024.pdf

Donanemab-azbt (Kisunla™) Clinical Authorization Form
https://www.ldh.la.gov/assets/medicaid/PharmPC/12_23_24/Kisunla.Form.12232024.OctDUR.pdf

Lecanemab-irmb (Leqembi™) Clinical Authorization Form
https://www.ldh.la.gov/assets/medicaid/PharmPC/9.19.24/2/Leqembi.Form.and.Cover.Sheet.Oct.2024.pdf

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.8 Amifampridine (Firdapse®)

Pharmacy claims for **amifampridine (Firdapse®)** will be subject to:

- Diagnosis code requirement
- Maximum dose limit

Diagnosis Code Requirement
Pharmacy claims for **amifampridine (Firdapse®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

Maximum Dose Limit
Pharmacy claims for **amifampridine (Firdapse®)** will be subject to a maximum daily dose as listed in the chart.

Generic Name (Brand Name Example)	Maximum Daily Dose
Amifampridine (Firdapse®)	80 mg/day

Possible Denial EOB Code
EOB **529** (High-Dose Exceeds Max Daily) → NCPDP rejection code **88** (DUR Reject Error)

4.3.9 Amyotrophic Lateral Sclerosis (ALS) Agents

Generic Name (Brand Name Example)
Edaravone (Radicava®; Radicava ORS®)
Riluzole (Rilutek®; Tiglutik™; Exservan™)
Toferson (Qalsody™)

Pharmacy claims for Amyotrophic Lateral Sclerosis (ALS) agents will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement

Pharmacy claims for **all ALS** agents require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Documentation Required

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

Required NCPDP Field

NCPDP **424-DO** field (Diagnosis Code)

Possible Denial EOB Code

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

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

Generic Name (Brand Name Example)
Armodafinil Tablet (Nuvigil®)
Modafinil Tablet (Provigil®)
Pitolisant Tablet (Wakix®)
Solriamfetol Tablet (Sunosi®)

Pharmacy claims for select **analeptic** agents require the following:

- Prior authorization
- Behavioral health clinical authorization for ages less than 7 years
- Age limit
- Concurrent use
- Diagnosis code requirement
- Quantity limit
- Therapeutic duplication

Prior Authorization

Pharmacy claims for **all non-preferred analeptic** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Behavioral Health Clinical Authorization Requirement for Ages Less Than 7 Years

Pharmacy claims for the following **analeptic** agents for recipients less than 7 years old will be reimbursed at POS when the prescriber has obtained an approved clinical authorization.

Generic Name (Brand Name Example)
Armodafinil Tablet (Nuvigil®)
Modafinil Tablet (Provigil®)

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 Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

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

Age Limit

Pharmacy claims for **analeptic** agents are limited for use in recipients who meet specific age requirements as listed in the chart.

Generic Name (Brand Name Example)	Minimum Age
Armodafinil Tablet (Nuvigil®)	17 years
Modafinil Tablet (Provigil®)	17 years
Pitolisant Tablet (Wakix®)	6 years
Solriamfetol Tablet (Sunosi®)	18 years

Possible Denial EOB Code

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

Concurrent Use with Sedative Hypnotics

Concurrent use of armodafinil (Nuvigil®) or modafinil (Provigil®) with sedative hypnotics

- Pharmacy claims for **armodafinil (Nuvigil®)** or **modafinil (Provigil®)** 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®)** or **modafinil (Provigil®).**

Possible Denial EOB Code

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

Point of Sale Override

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

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

Concurrent use of pitolisant (Wakix®) or solriamfetol (Sunosi®) with sedative hypnotics

- Pharmacy claims for **pitolisant (Wakix®)** or **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 **pitolisant (Wakix®)** or **solriamfetol (Sunosi®).**

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB code **423** (Potential Additive Toxicity)

Point of Sale Override

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

NCPDP 439-E4 Field (Reason for Service Code) **AT** (Additive Toxicity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Diagnosis Code Requirement

Pharmacy claims for **analeptic** agents require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Documentation Required

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.

Required NCPDP Field

NCPDP 424-DO field (Diagnosis Code)

Possible Denial EOB Code

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

Quantity Limit

Pharmacy claims for the following **analeptic** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Armodafinil Tablet (Nuvigil®)	30 tablets per 30 days
Modafinil Tablet (Provigil®)	30 tablets per 30 days

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Therapeutic Duplication

- Pharmacy claims for **analeptic** agents are monitored at POS for duplication of therapy when there is an active claim on the recipient's file for **modafinil (Provigil®), armodafinil (Nuvigil, solriamfetol (Sunosi®) or pitolisant (Wakix®).**

- Pharmacy claims for **armodafinil (Nuvigil®), modafinil (Provigil®), pitolisant (Wakix®), and solriamfetol (Sunosi®)** will deny for therapeutic duplication at POS when there is an active claim on the recipient's file for **other stimulants or related agent (s)**.

- Pharmacy claims for **stimulants or related agent(s)** will deny for therapeutic duplication at POS when there is an active claim on the recipient's file for **armodafinil (Nuvigil®), modafinil (Provigil®), pitolisant (Wakix®) or solriamfetol (Sunosi®).**

Possible Denial EOB Code

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

Point of Sale Override

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) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.11 Androgenic Agents

Generic Name (Brand Name Example)
Methyltestosterone Capsule (Methitest®)
Testosterone Gel, Gel Pump, Nasal, Oral, Transdermal (Androgel®, Natesto®, Androderm®)
Testosterone Cypionate IM Injection (Depo-Testosterone®)
Testosterone Enanthate SQ Injection (Xyosted®)
Testosterone Implant Pellet (Testopel®)
Testosterone Undecanoate Capsule, Injection (Jatenzo®, Aveed®)

Pharmacy claims for **androgenic** agents may be subject to the following:

- Prior authorization
- Diagnosis code requirement

Prior Authorization
Pharmacy claims for **all non-preferred androgenic** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Diagnosis Code Requirement
Pharmacy claims for **androgenic** agents require an appropriate diagnosis code entered at POS for recipients who are **younger than 18 years of age**. Pharmacy claims which are submitted with a diagnosis code associated with gender dysphoria or gender reassignment will deny.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.12 Angiotensin-Converting Enzyme (ACE) Inhibitors and Direct Renin Inhibitors

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Aliskiren (Tekturna®)	Lisinopril Solution, Tablet (Qbrelis®, Zestril®)
Aliskiren/HCTZ (Tekturna HCT®)	Lisinopril/HCTZ (Zestoretic®)
Azilsartan Medoxomil (Edarbi®)	Losartan (Cozaar®)
Azilsartan/Chlorthalidone (Edarbyclor®)	Losartan/HCTZ (Hyzaar®)
Benazepril	Moexipril
Benazepril/HCTZ	Olmesartan (Benicar®)
Candesartan (Atacand®)	Olmesartan/HCTZ (Benicar HCT®)
Candesartan/HCTZ (Atacand HCT®)	Perindopril
Captopril	Quinapril (Accupril®)
Captopril/HCTZ	Quinapril/HCTZ
Enalapril Solution, Tablet (Epaned®, Vasotec®)	Ramipril (Altace®)
Enalapril/HCTZ (Vaseretic®)	Sacubitril/Valsartan (Entresto®)
Eprosartan	Telmisartan (Micardis®)
Fosinopril	Telmisartan/HCTZ (Micardis HCT®)
Fosinopril/HCTZ	Trandolapril
Irbesartan (Avapro®)	Valsartan (Diovan®)
Irbesartan/HCTZ (Avalide®)	Valsartan/HCTZ (Diovan HCT®)

Pharmacy claims for **angiotensin-converting enzyme (ACE) inhibitors and direct renin inhibitors** will be subject to the following:

- Prior authorization
- Diagnosis code requirement
- Drug to drug interaction
- Therapeutic duplication

Prior Authorization
Pharmacy claims for **all non-preferred ACE inhibitors and direct renin inhibitors** require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Diagnosis Code Requirement
Pharmacy claims for **sacubitril/valsartan (Entresto®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

Drug to Drug Interaction
Pharmacy claims for **sacubitril/valsartan (Entresto®)** will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for an **ACE inhibitor** and vice-versa.

Possible Denial EOB Code
EOB code **471 (**Drug-Drug Interaction) → NCPDP rejection code **88** (DUR Reject Error)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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)

Therapeutic Duplication
Pharmacy claims for **ACE inhibitors** will deny at POS if there is an active claim* on the recipient's file for **another ACE inhibitor**.

Pharmacy claims for **angiotensin receptor blockers** will deny at POS if there is an active claim* on the recipient's file for **another angiotensin receptor blocker**.

**An active claim is a claim where the days supply has not expired.*

Possible Denial EOB Code
EOB Code **482** (Therapeutic Duplication - TD) → NCPDP rejection code **88** (DUR Reject Error)
Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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)

4.3.13 Angiotensin Modulator – Calcium Channel Blocker Combination Agents

Generic Name (Brand Name Example)
Amlodipine/Benazepril (Lotrel®)
Amlodipine/Olmesartan (Azor®)
Amlodipine/Olmesartan/HCTZ (Tribenzor®)
Amlodipine/Valsartan (Exforge®)
Amlodipine/Valsartan/HCTZ (Exforge HCT®)
Telmisartan/Amlodipine
Trandolapril/Verapamil

Pharmacy claims for select **angiotensin modulator/calcium channel blocker combination** agents will be subject to the following:

- Prior authorization
- Prior use requirement
- Therapeutic duplication

Prior Authorization
Pharmacy claims for **all non-preferred angiotensin modulator/calcium channel blocker combination** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Prior Use of Other Medication(s)
Pharmacy claims for select **angiotensin modulator/calcium channel blocker combination** agents are monitored at POS for prior use of other medication(s).

Pharmacy claims for **amlodipine/valsartan/HCTZ (Exforge HCT®)** will require previous use of:

- Amlodipine/valsartan/HCTZ (Exforge HCT®) OR
- TWO drug therapies from TWO of the following classes:
  - calcium channel blockers,
  - angiotensin receptor blockers, and/or
  - diuretics.

Pharmacy claims for **amlodipine/olmesartan/HCTZ (Tribenzor®)** will require previous use of:

- Amlodipine/olmesartan/HCTZ (Tribenzor®) OR
- TWO drug therapies from TWO of the following classes:

- calcium channel blockers,
- angiotensin receptor blockers, and/or
- diuretics.

Possible Denial EOB Code
EOB Code **449** (Requires Prior Use of Drugs in 2 Classes: CA BLKR, AR BLKR, DIURETIC) → NCPDP rejection code **88** (DUR Reject Error)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **PP** (Plan Protocol)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Therapeutic Duplication
Pharmacy claims for **angiotensin modulator/calcium channel blocker combination** agents are monitored at the pharmacy POS for duplication of therapy with each other.

- ACE inhibitors with other ACE inhibitors
- Angiotensin receptor blockers with other angiotensin receptor blockers
- Beta blockers with other beta blockers
- Calcium channel blockers with other calcium channel blockers

Possible Denial EOB Code
EOB Code **482** (Therapeutic Duplication - TD) → NCPDP rejection code **88** (DUR Reject Error)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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)

4.3.14 Anthelmintic Agents

Generic Name (Brand Name Example)
Albendazole Tablet (Albenza®)
Ivermectin Tablet (Stromectol®)*
Mebendazole Chewable Tablet (Emverm®)
Praziquantel Tablet (Biltricide®)

Pharmacy claims for select **anthelmintic** agents are subject to the following edit:

- Prior authorization
- Diagnosis code requirement

Prior Authorization
Pharmacy claims for **all non-preferred anthelmintic** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

***Diagnosis Code Requirement**
Pharmacy claims for **ivermectin (Stromectol®)** require an approved diagnosis code at POS for reimbursement.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.15 Anti-Allergen Agents

Generic Name (Brand Name Example)
Grass Pollen Allergen Extract (Timothy Grass) Sublingual Tablet (Grastek®)
House Dust Mite Allergen Extract Sublingual Tablet (Odactra™)
Mixed Grass Allergen Extracts Sublingual Tablet (Oralair®)
Peanut (*Arachis hypogaea*) Allergen Powder Capsule; Packet (Palforzia®)
Ragweed Pollen Allergen Extract Sublingual Tablet (Ragwitek®)

Pharmacy claims for **anti-allergen** agents will be subject to the following:

- Prior/clinical authorization

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred anti-allergen** agents require prior authorization.

All anti-allergen agents require additional clinical information for prior authorization review.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

EOB code **066** (Clinical Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

4.3.16 Anti-Anxiety Agents

Generic Name (Brand Name Example)
Alprazolam ER Tablet. ODT, Tablet (Xanax®, Xanax XR®)
Alprazolam Intensol™ Concentrate
Buspirone Tablet
Chlordiazepoxide Capsule (Librium®)
Chlordiazepoxide/Clidinium Capsule (Librax®)
Clorazepate Tablet (Tranxene T-Tab®)
Diazepam Intensol™ Concentrate, Solution, Syringe, Tablet, Vial (Valium®)
Lorazepam ER capsule, Tablet (Loreev XR™; Ativan®)
Lorazepam Intensol™ Concentrate
Meprobamate Tablet
Oxazepam Capsule (Serax®)

Pharmacy claims for select **anti-anxiety** agents may be subject to the following:

- Prior authorization
- Age limit
- Behavioral health clinical authorization for ages less than 7 years
- Concurrent use
- Diagnosis code requirement
- Previous use requirement
- Quantity limit
- Therapeutic duplication

Prior Authorization

Pharmacy claims for **all non-preferred anti-anxiety** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Age Limit

Pharmacy claims for select **anti-anxiety** agents are limited for use in recipients who meet specific age requirements as listed in the chart.

Generic Name (Brand Name Example)	Age Limit
Alprazolam XR Tablet (Xanax XR®)	18 years
Alprazolam ODT (Niravam®)	18 years
Lorazepam ER Capsule (Loreev XR®)	18 years

Possible Denial EOB Code

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

Behavioral Health Clinical Authorization Requirement for Ages Less Than 7 Years

Pharmacy claims for select **anti-anxiety** agents for recipients less than 7 years old will be reimbursed at POS when the prescriber has obtained an approved clinical authorization.

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Exclusion for Clinical Authorization Requirement for Meprobamate

Pharmacy claims submitted for **meprobamate** will bypass the clinical authorization requirement for ages less than 7 years.

Bypass Diagnosis Exemptions for Behavioral Health Clinical Authorization Requirement for Ages Less Than 7 Years

Pharmacy claims for the following **anti-anxiety** agents submitted with a **seizure-related** diagnosis code will bypass the behavioral health clinical authorization requirement.

Generic Name (Brand Name Example)
Clorazepate Tablet (Tranxene T-Tab®)
Diazepam Intensol™ Concentrate, Solution, Syringe, Tablet, Vial (Valium®)
Lorazepam Cartridge, Syringe, Vial (Ativan®)

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Concurrent Use

- Incoming **benzodiazepine** pharmacy claims will deny when there is an active prescription* for a **buprenorphine-containing** agent used to treat opioid dependence.

- Incoming **benzodiazepine** pharmacy claims will deny when there is an active prescription* for an **opioid analgesic** agent.

**An active prescription is a prescription in which the days' supply has not expired.*

Possible Denial EOB Code

NCPDP reject code **88** (DUR Reject Error) mapped to EOB code **423** (Potential Additive Toxicity)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **AT** (Additive Toxicity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Bypass Diagnosis Exemptions for Concurrent Use Requirement

Pharmacy claims for the following **anti-anxiety** agents submitted with a diagnosis code for **cancer** or **palliative end-of-life care** or with a **seizure-related** diagnosis code will bypass the restriction on concurrent use of benzodiazepines with opioids (including buprenorphine-containing agents).

Generic Name (Brand Name Example)
Alprazolam ER Tablet, ODT, Tablet (Xanax®)
Alprazolam Intensol™ Concentrate
Chlordiazepoxide (Librium®)
Clorazepate Tablet (Tranxene T-Tab®)
Diazepam Intensol™ Concentrate, Solution, Syringe, Tablet, Vial (Valium®)
Lorazepam ER Capsule, Tablet (Ativan®)
Lorazepam Intensol™ Concentrate
Oxazepam Capsule (Serax®)

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Diagnosis Code Requirement

Pharmacy claims for select **anti-anxiety** agents require an appropriate diagnosis code entered at POS.

Generic Name (Brand Name Example)
Alprazolam ER Tablet (Xanax XR®)
Alprazolam ODT (Niravam®)

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Documentation Required

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

Required NCPDP Field

NCPDP **424-DO** field (Diagnosis Code)

Possible Denial EOB Code

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

Previous Use Requirement

Pharmacy claims for **lorazepam ER (Loreev XR™)** will require at least **ONE** paid claim in the previous 30-day period for:

- Lorazepam IR tablet – 90 tablets; **OR**
- Lorazepam ER capsule (Loreev XR™) – Any quantity

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **362** (Prior Use of Lorazepam is Required)

Point of Sale Override

Upon consultation with the prescriber to verify medical necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **PP** (Plan Protocol)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Quantity Limit

Pharmacy claims for select **anti-anxiety** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit per Rolling 30 Days
Alprazolam Tablet (Xanax®)	90 units
Alprazolam ER Tablet (Xanax XR®)	30 units
Alprazolam ODT (Niravam®)	90 units
Chlordiazepoxide Capsule (Librium®)	90 units
Clorazepate Tablet (Tranxene T-Tab®)**	90 units
Diazepam Tablet (Valium®)**	90 units
Lorazepam Tablet (Ativan®)	90 units
Lorazepam ER Capsule (Loreev XR™)	90 units
Oxazepam Capsule (Serax®)	90 units

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity and/or days' supply exceeds program maximum)

Point of Sale Override**

Upon consultation with the prescriber to verify medical necessity of the excessive quantity, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

*** Pharmacy claims for these anti-anxiety agents also require a valid diagnosis code to be submitted with the DUR override codes in order to override the quantity limit.*

Bypass Diagnosis Exemptions for Quantity Limit

Pharmacy claims for the following **anti-anxiety** agents submitted with a **seizure-related** diagnosis code will bypass the quantity limit.

Generic Name (Brand Name Example)
Clorazepate Tablet (Tranxene T-Tab®)
Diazepam Tablet (Valium®)

Documentation Required

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

Required NCPDP Field

NCPDP **424-DO** field (Diagnosis Code)

Possible Denial EOB Code

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

Therapeutic Duplication

Pharmacy claims for **anti-anxiety** agents **EXCEPT** buspirone will deny at POS with a therapeutic duplication if there is an active claim for **another anti-anxiety** agent.

Possible Denial EOB Code

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

Point of Sale Override

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) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Therapeutic Duplication with Xyrem® (sodium oxybate) and Xywav™ (calcium, magnesium, potassium, and sodium oxybates)

Incoming prescriptions for **anti-anxiety** agents **EXCEPT** buspirone will deny at POS when there is an active prescription* on the recipient's file for **Xyrem® (sodium oxybate)** or **Xywav™ (calcium, magnesium, potassium, and sodium oxybates)**. Alternately, incoming pharmacy claims for **Xyrem® (sodium oxybate)** or **Xywav™ (calcium, magnesium, potassium, and sodium oxybates)** will deny when there is at least one active prescription* on the recipient's file for an **anti-anxiety** agent **EXCEPT** buspirone.

**An active prescription is a prescription in which the days supply has not expired.*

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB code **482** (Therapeutic Duplication) There is no override available at POS.

4.3.17 Antibiotic Topical Agents

Generic Name (Brand Name Example)
Gentamicin Sulfate Cream, Ointment
Mupirocin Cream, Ointment
Ozenoxacin Cream (Xepi®)

Pharmacy claims for select **topical antibiotic** agents will be subject to the following:

- Prior authorization
- Quantity limit

Prior Authorization

Pharmacy claims for **all non-preferred topical antibiotic** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Quantity Limit

Pharmacy claims for the following **topical antibiotic** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Gentamicin Sulfate 0.1% Cream	30gm per 30 days
Gentamicin Sulfate 0.1% Ointment	30gm per 30 days
Mupirocin 2% Cream	60gm per 30 days
Mupirocin 2% Ointment	60gm per 30 days

A quantity limit denial override for the above **topical antibiotic** agents must be addressed with a prior authorization.

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 Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB Code **153** (Quantity Exceeds Max-MD Fax Override Form 866-797-2329)

4.3.18 Antibiotics – Gastrointestinal Agents

Generic Name (Brand Name Example)
Fecal Microbiota Spores, Live-brpk (Vowst™)*
Fidaxomicin Suspension, Tablet (Dificid®)
Metronidazole Capsule, Suspension, Tablet (Flagyl®, Likmez™)
Neomycin Tablet
Nitazoxanide Tablet
Paromomycin Capsule
Rifamycin Tablet (Aemcolo®)
Rifaximin Tablet (Xifaxan®)
Secnidazole Oral Granules (Solosec™)
Tinidazole Tablet
Vancomycin HCl Capsule, Solution (Vancocin®, Firvanq®)

**The above gastrointestinal antibiotic agent requires additional clinical information for prior authorization review.*

Pharmacy claims for select **gastrointestinal antibiotic** agents will be subject to the following:

- Prior/clinical authorization

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred gastrointestinal antibiotic** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.19 Antibiotics – Inhaled Agents

Generic Name (Brand Name Example)
Amikacin Inhalation Suspension (Arikayce®)
Aztreonam Solution (Cayston®)
Tobramycin Capsule, Inhalation Solution, (Bethkis®, Kitabis Pak®, Tobi®)

Pharmacy claims for select **inhaled antibiotic** agents may be subject to the following:

- Prior authorization
- Diagnosis code requirement

Prior Authorization
Pharmacy claims for **all non-preferred inhaled antibiotic** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Diagnosis Code Requirement
Pharmacy claims for **all inhaled antibiotic** agents require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.20 Antibiotics – Opthalmic Agents

Generic Name (Brand Name Example)
Azithromycin Solution (AzaSite®)
Bacitracin Ointment
Bacitracin/Polymyxin B Sulfate Ointment
Besifloxacin Suspension (Besivance®)
Ciprofloxacin Ointment, Solution (Ciloxan®)
Erythromycin Base Ointment
Gatifloxacin Solution (Zymaxid®)
Gentamicin Sulfate Solution
Moxifloxacin Solution (Moxeza®, Vigamox®)
Natamycin Suspension (Natacyn®)
Neomycin/Bacitracin/Polymyxin B Ointment
Neomycin/Polymyxin B/Gramicidin Solution
Ofloxacin Solution (Ocuflox®)
Polymyxin B Sulfate/Trimethoprim Solution
Sulfacetamide Sodium Ointment, Solution
Tobramycin Ointment, Solution (Tobrex®)

Pharmacy claims for select **antibiotic ophthalmic** agents will be subject to the following:

- Prior authorization
- Quantity limit

Prior Authorization
Pharmacy claims for **all non-preferred antibiotic ophthalmic** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for the following **antibiotic ophthalmic** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Gentamicin Sulfate 0.3% Ophthalmic Ointment	3.5gm per 30 days
Gentamicin Sulfate 0.3% Ophthalmic Solution	5ml per 30 days

A quantity limit denial override for the above **antibiotic ophthalmic** agents must be addressed with a prior authorization.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB Code **153** (Quantity Exceeds Max-MD Fax Override Form 866-797-2329)

4.3.21 Antibiotics – Otic Agents

Generic Name (Brand Name Example)
Ciprofloxacin Solution
Ciprofloxacin/Dexamethasone Suspension (Ciprodex®)
Ciprofloxacin/Fluocinolone Acetonide Solution (Otovel®)
Ciprofloxacin/Hydrocortisone Suspension (Cipro HC Otic®)
Colistin/Neomycin/Thonzonium/Hydrocortisone Suspension (Cortisporin® TC)
Neomycin/Polymyxin B/Hydrocortisone Solution, Suspension
Ofloxacin Solution

Pharmacy claims for select **antibiotic otic** agents will be subject to the following:

- Prior authorization
- Quantity limit

Prior Authorization
Pharmacy claims for **all non-preferred antibiotic otic** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for the following **antibiotic otic** agent will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Ciprofloxacin HCl 0.2% Otic Solution	2 packs of 14 single-use containers per 30 days

A quantity limit denial override for the above **antibiotic otic** agent must be addressed with a prior authorization.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB Code **153** (Quantity Exceeds Max-MD Fax Override Form 866-797-2329)

4.3.22 Antibiotics – Tetracycline Agents

Generic Name (Brand Name Example)
Demeclocycline Tablet
Doxycycline Calcium Syrup (Vibramycin®)
Doxycycline Hyclate Capsule, DR Tablet, Tablet (Doryx®)
Doxycycline Hyclate Capsule/Skin Cleanser (Morgidox® Kit)
Doxycycline Monohydrate Capsule, DR Capsule, Suspension, Tablet
Minocycline Capsule, ER Tablet, Tablet (MinoLira®, Solodyn®)
Omadacycline Tosylate Tablet (Nuzyra®)
Tetracycline Capsule

Pharmacy claims for select **tetracycline antibiotic** agents will be subject to the following:

- Prior authorization
- Quantity limit

Prior Authorization
Pharmacy claims for **all non-preferred tetracycline antibiotic** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for the following **tetracycline antibiotic** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Doxycycline Hyclate Capsules (all strengths)	60 capsules per 30 days
Doxycycline Monohydrate Capsules (all strengths)	60 capsules per 30 days

A quantity limit denial override for the above **tetracycline antibiotic** agents must be addressed with a prior authorization.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB Code **153** (Quantity Exceeds Max-MD Fax Override Form 866-797-2329)

4.3.23 Anticoagulants Agents

Generic Name (Brand Name Example)
Apixaban (Eliquis®)
Dabigatran Etexilate Mesylate (Pradaxa®)
Dalteparin Sodium (Fragmin®)
Edoxaban Tosylate (Savaysa®)
Enoxaparin Sodium (Lovenox®)
Fondaparinux Sodium (Arixtra®)
Rivaroxaban (Xarelto®)
Warfarin

Pharmacy claims for select **anticoagulant** agents will be subject to the following:

- Prior authorization
- Duration of therapy
- Quantity limits

Prior Authorization
Pharmacy claims for **all non-preferred anticoagulant** agents require prior authorization.

Note: Refer to http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf for the Preferred Drug List for preferred/non-preferred agents, drug specific clinical authorization criteria and instructions.
Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

Duration of Therapy
Pharmacy claims for select **anticoagulant** agents are limited to a duration of therapy.

Generic Name (Brand Name Example)	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

Duration of Therapy Exemptions
Pharmacy claims for the above anticoagulant agents which are submitted with a diagnosis code for cancer or pregnancy (listed below) will bypass the maximum duration of therapy edit.

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*

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)
EOB **656** (Exceeds Maximum Duration of Therapy) → NCPDP reject code **88** (DUR Reject Error)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (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)

Quantity Limits
Pharmacy claims for the following **anticoagulant** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Dosage Form	Quantity Limit
Apixaban (Eliquis®)	Tablet	2 tablets/day (Initial 4 tablets/day for 7 days when treating DVT/PE)
Apixaban Starter Pack (Eliquis®)	Tablet Dose Pack	1 unit/365 days
Dabigatran Etexilate Mesylate (Pradaxa®)	Capsule	2 capsules/day
Dalteparin Sodium (Fragmin®)	Vial/Syringe	2 syringes or vials/day
Edoxaban Tosylate (Savaysa®)	Tablet	1 tablet/day
Enoxaparin Sodium (Lovenox®)	Vial/Syringe	2 syringes or vials/day
Fondaparinux Sodium (Arixtra®)	Syringe	1 syringe/day
Rivaroxaban 2.5mg (Xarelto®)	Tablet	2 tablets/day

Generic Name (Brand Name Example)	Dosage Form	Quantity Limit
Rivaroxaban 10mg, 15mg & 20mg (Xarelto®)	Tablet	1 tablet/day
Rivaroxaban Starter Pack (Xarelto®)	Tablet Dose Pack	1 pack (51 tablets)/365 days
Rivaroxaban (Xarelto®)	Suspension	4 bottles (155ml each)/31 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.24 Anticonvulsant Agents

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Brivaracetam Solution, Tablet (Briviact®)	Methsuximide Capsule (Celontin®)
Cannabidiol Solution (Epidiolex®)	Midazolam Nasal Spray (Nayzilam®)
Carbamazepine Chewable Tablet, ER Capsule, ER Tablet, Suspension, Tablet (Tegretol®; Equetro®)	Oxcarbazepine Suspension, Tablet, XR Tablet (Trileptal®)
Cenobamate Daily Dose Pack, Tablet, Titration Pack (Xcopri®)	Perampanel Suspension, Tablet (Fycompa®)
Clobazam Film, Suspension, Tablet (Onfi®, Sympazan®)	Phenobarbital Elixir, Tablet
Clonazepam ODT, Tablet (Klonopin®)	Phenobartibal Sodium IV (Sezaby™)
Diazepam Buccal Film, Nasal Spray, Rectal (Libervant™, Valtoco®, Diastat®)	Phenytoin Capsule, Chewable Tablet, Suspension (Dilantin®; Dilantin Infatabs®)
Divalproex Sodium DR Sprinkle, DR Tablet, ER Tablet (Depakote®)	Phenytoin Sodium Capsule (Phenytek®)
Eslicarbazepine Acetate Tablet (Aptiom®)	Primidone Tablet (Mysoline®)
Ethosuximide Capsule, Syrup (Zarontin®)	Rufinamide Suspension, Tablet (Banzel®)
Felbamate Suspension, Tablet (Felbatol®)	Stiripentol Capsule, Powder Pack (Diacomit®)
Fenfluramine Solution (Fintepla®)	Tiagabine Tablet (Gabitril®)
Ganaxolone Suspension (Ztalmy®)	Topiramate ER Capsule, Solution, Sprinkle, Tablet (Qudexy®XR; Eprontia™;Topamax®)
Lacosamide ER Capsule, Solution, Tablet (Vimpat®)	Valproic Acid Capsule, Solution
Lamotrigine Dispersible Tablet, ER Tablet, ODT, Tablet (Lamictal®)	Vigabatrin Powder Pack, Solution, Tablet (Sabril®; Vigadrone®)
Levetiracetam ER Tablet, Solution, Tablet, Tablet for Oral Suspension (Keppra®)	Zonisamide Capsule, Suspension (Zonisade™)

Pharmacy claims for **anticonvulsant** agents may be subject to the following:

- Prior authorization
- Age limit
- Behavioral health clinical authorization for ages less than 7 years
- Concurrent use
- Diagnosis code requirement
- Maximum daily dose
- Previous use requirement
- Quantity limit
- Therapeutic duplication

Prior Authorization

Pharmacy claims for **all non-preferred anticonvulsant** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form
Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Age Limit

The following **anticonvulsant** agents are limited for use in recipients who meet specific age requirements as listed in the chart.

Generic Name (Brand Name Example)	Age Allowed
Perampanel Suspension, Tablet (Fycompa®)	> 4 years
Phenobarbital Sodium (Sezaby®)	< 1 year

Possible Denial EOB Code

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

Point of Sale Override for Perampanel (Fycompa®)

Upon consultation with the prescriber to verify the necessity of prescribing **perampanel (Fycompa®)** for a child younger than 4 years of age, the dispensing pharmacist may override the denial by submitting the following override at POS:

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)

There are no POS overrides allowed for pharmacy claims for **phenobarbital sodium (Sezaby®)** which deny for recipients one year of age or greater on the date of service.

Behavioral Health Clinical Authorization Requirement for Ages Less Than 7 Years

Pharmacy claims for select **anticonvulsant** agents for recipients less than 7 years old will be reimbursed at POS when the prescriber has obtained an approved clinical authorization.

Generic Name (Brand Name Example)
Carbamazepine (Equetro®)
Clonazepam

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form
Possible Denial EOB Code

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

Bypass Diagnosis Exemptions for Behavioral Health Clinical Authorization Requirement for Ages Less Than 7 Years

Pharmacy claims for **carbamazepine (Equetro®)** or **clonazepam** for a child under 7 years of age submitted with a seizure-related diagnosis code will bypass the behavioral health clinical authorization requirement.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.
Concurrent Use

Pharmacy claims for select **anticonvulsant** agents will be subject to concurrent use requirements:

- Incoming pharmacy claims for **benzodiazepines** will deny when the recipient has an active prescription* for a **buprenorphine-containing** agent used to treat opioid dependence.

- Incoming **benzodiazepine** pharmacy claims will deny when there is an active prescription* for an **opioid analgesic** agent.

**An active prescription is a prescription in which the day supply has not expired.*

Possible Denial EOB Code

NCPDP reject code **88** (DUR Reject Error) mapped to EOB code **423** (Potential Additive Toxicity)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **AT** (Additive Toxicity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Bypass Diagnosis Exemptions for Concurrent Use Requirement

Pharmacy claims for **benzodiazepine** agents submitted with a diagnosis code for **cancer** or **palliative end-of-life care** or with a **seizure-related** diagnosis code will bypass the restriction on concurrent use of benzodiazepines with opioids (including buprenorphine-containing agents).

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

Diagnosis Code Requirement

Pharmacy claims for the following **anticonvulsant** agent requires an appropriate diagnosis code entered at POS.

Generic Name (Brand Name Example)
Ganaxolone (Ztalmy®)
Phenobarbital Sodium (Sezaby®)

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Documentation Required

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

Required NCPDP Field

NCPDP **424-DO** field (Diagnosis Code)

Possible Denial EOB Code

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

Maximum Daily Dose

Pharmacy claims for the following **anticonvulsant** agents are limited to a maximum daily dose.

Generic Name (Brand Name Example)	Maximum Daily Dose
Clobazam (Onfi®, Sympazan®)	40mg per day
Eslicarbazepine (Aptiom®)	1600mg per day

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB code **529** (High-Dose Exceeds Max Daily)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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)

Previous Use Requirement

Pharmacy claims for select **anticonvulsant** agents will be subject to previous use requirements:

Pharmacy claims for **cannabidiol solution (Epidiolex®)** will require evidence of previously paid claim within the previous 365 days for:

- **ONE** paid claim for cannabidiol solution (Epidiolex®) **OR**
- Previous use of at least **TWO** different anticonvulsant agents (brand/generic or preferred/non-preferred) listed below:
  - Clobazam
  - Felbamate
  - Lamotrigine
  - Levetiracetam
  - Rufinamide
  - Topiramate
  - Valproate derivatives

Pharmacy claims for **ganaxolone (Ztalmy®)** will require evidence of previously paid claim within the previous 365 days for:

- **ONE** paid claim for ganaxolone (Ztalmy®) **OR**
- Previous use of at least **TWO** different anticonvulsant agents (**AT LEAST ONE** claim for each; may be preferred or non-preferred)

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB code **214** (Prior Use Anticonvulsant)

Point of Sale Override

Upon consultation with the prescriber to verify medical necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **PP** (Plan Protocol)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Quantity Limit

Pharmacy claims for select **anticonvulsant** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Clonazepam (Klonopin®)	90 units per 30 days
Midazolam (Nayzilam®)	5 boxes (10 doses) per 30 days

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify medical necessity of the excessive quantity, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Bypass Diagnosis Exemptions for Quantity Limit

Pharmacy claims for **clonazepam** submitted with **seizure-related** diagnosis code will bypass the quantity limit.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Therapeutic Duplication

Pharmacy claims for **clonazepam** will deny at POS with a therapeutic duplication if there is an active claim* for **another benzodiazepine agent**.

**An active prescription is a prescription in which the day supply has not expired.*

Possible Denial EOB Code

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

Point of Sale Override

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) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Therapeutic Duplication with Xyrem® (sodium oxybate) and Xywav™ (calcium, magnesium, potassium, and sodium oxybates)
Incoming prescriptions for **select anticonvulsant** agents will deny at POS when there is an active prescription* on the recipient's file for **Xyrem® (sodium oxybate)** or **Xywav™ (calcium, magnesium, potassium, and sodium oxybates)**. Alternately, incoming pharmacy claims for **Xyrem® (sodium oxybate)** or **Xywav™ (calcium, magnesium, potassium, and**

sodium oxybates) will deny when there is at least one active prescription* on the recipient's file for **select anticonvulsant** agent.

**An active prescription is a prescription in which the day supply has not expired.*

Select anticonvulsant agents include but are not limited to the following listed below. Additional contraindicated medications may be added to this list.

Generic Name (Brand Name Example)
Clonazepam (Klonopin®)
Diazepam Nasal Spray, Rectal (Valtoco®, Diastat®)
Midazolam (Nayzilam®)
Phenobarbital Elixir, Tablet

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB code **482** (Therapeutic Duplication)
There is no override available at POS

4.3.25 Antidepressant Agents - Other

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Brexanolone IV Solution (Zulresso™)*	Nefazodone Tablet
Bupropion HBr ER 24-Hour Tablet (Aplenzin®)	Phenelzine Tablet (Nardil®)
Bupropion HCl IR Tablet	Selegiline Transdermal Patch (Emsam®)
Bupropion HCl SR 12-Hour (Wellbutrin SR®)	Tranylcypromine Sulfate Tablet
Bupropion HCl XL 24-Hour Tablet (Wellbutrin XL®)	Trazodone Tablet
Desvenlafaxine ER	Venlafaxine Besylate ER Tablet
Desvenlafaxine Succinate ER Tablet (Pristiq®)	Venlafaxine ER Capsule, ER Tablet (Effexor XR®)
Dextromethorphan/Bupropion Tablet (Auvelity™)	Venlafaxine IR Tablet
Esketamine Nasal Spray (Spravato®)*	Vilazodone Dose Pack, Tablet (Viibryd®)
Isocarboxazid Tablet (Marplan®)	Vortioxetine Tablet (Trintellix®)
Levomilnacipran ER Capsule, Titration Pack (Fetzima®)	Zuranolone (Zurzuvae™)*
Mirtazapine ODT, Tablet (Remeron®)	

**The above antidepressant agents require additional clinical information for prior authorization review.*

Pharmacy claims for select **antidepressant** agents may be subject to the following:

- Prior/clinical authorization
- Behavioral health clinical authorization for ages less than 7 years
- Quantity limit

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred antidepressant** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Behavioral Health Clinical Authorization Requirement for Ages Less Than 7 Years
Pharmacy claims for **antidepressant** agents [except Brexanolone (Zulresso™), Esketamine (Spravato®) and Zuranolone (Zurzuvae™)] for recipients less than 7 years old will be reimbursed at POS when the prescriber has obtained an approved clinical authorization.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for the following **antidepressant** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Zuranolone (Zurzuvae™) 20 mg	28 capsules per 14 days
Zuranolone (Zurzuvae™) 25 mg	28 capsules per 14 days
Zuranolone (Zurzuvae™) 30 mg	14 capsules per 14 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.26 Antidepressants – Tricyclic Agents

Generic Name (Brand Name Example)
Amitriptyline
Amitriptyline/Chlordiazepoxide
Amoxapine
Clomipramine
Desipramine
Doxepin
Imipramine HCl
Imipramine Pamoate
Maprotiline
Nortriptyline
Protriptyline
Trimipramine

Pharmacy claims for **tricyclic antidepressant** agents will be subject to the following:

- Behavioral health clinical authorization for ages less than 7 years
- Therapeutic duplication

Behavioral Health Clinical Authorization Requirement for Ages Less Than 7 Years
Pharmacy claims for **tricyclic antidepressant** agents for recipients less than 7 years old will be reimbursed at POS when the prescriber has obtained an approved clinical authorization.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Therapeutic Duplication
Pharmacy claims for **tricyclic antidepressant** agents will deny at POS if there is an active claim* on the recipient's file for another **tricyclic antidepressant** agent.

**An active claim is a claim where the days supply has not expired.*

Possible Denial EOB Code
EOB Code **482** (Therapeutic Duplication - TD) → NCPDP rejection code **88** (DUR Reject Error)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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)

4.3.27 Antiemetic/Antivertigo Agents

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Amisulpride Vial (Barhemsys®)	Meclizine Tablet (Antivert®)
Aprepitant Capsule, Pack, Powder for Oral Suspension (Emend®)	Metoclopramide Solution, Tablet, Vial (Reglan®)
Aprepitant Vial (Aponvie®, Cinvanti®)	Metoclopramide Nasal (Gimoti®)
Dimenhydrinate Vial	Netupitant/Palonosetron HCl Capsule (Akynzeo®)
Dolasetron Mesylate (Anzemet®)	Ondansetron ODT, Solution, Syringe, Tablet, Vial
Doxylamine/Pyridoxine Tablet (Bonjesta®, Diclegis®)	Palonosetron Vial (Aloxi®)
Dronabinol Oral (Marinol®)	Prochlorperazine Rectal, Tablet, Vial (Compro®)
Fosaprepitant Dimeglumine Vial (Emend®, Focinvez™)	Promethazine Ampule, Rectal, Suppository, Syrup, Tablet, Vial (Phenergan®)
Fosnetupitant/Palonosetron Vial (Akynzeo®)	Scopolamine Transdermal (Transderm-Scop®)
Granisetron ER Syringe, Tablet, Vial (Sustol®)	Trimethobenzamide Capsule, Vial (Tigan®)
Granisetron Transdermal Patch (Sancuso®)	

Pharmacy claims for select **antiemetic/antivertigo** agents may be subject to these edit requirements:

- Prior authorization
- Behavioral health clinical authorization for ages less than 7 years
- Diagnosis code requirement
- Quantity limit

Prior Authorization

Pharmacy claims for **all non-preferred antiemetic/antivertigo** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Behavioral Health Clinical Authorization Requirement for Ages Less Than 7 Years

Pharmacy claims for the following **antiemetic/antivertigo** agent for recipients less than 7 years old will be reimbursed at POS when the prescriber has obtained an approved clinical authorization.

Generic Name (Brand Name Example)
Prochlorperazine (Compro®)

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 Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Exclusions for prior authorization requirement for prochlorperazine

Pharmacy claims submitted with an ICD-10-CM diagnosis code for **severe nausea or vomiting** in NCPDP field 424-DO will bypass the prior authorization requirement for prochlorperazine for recipients less than 7 years old at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Diagnosis Code Requirement

Pharmacy claims for the following **antiemetic/antivertigo** agent require an appropriate diagnosis code entered at POS.

Generic Name (Brand Name Example)
Prochlorperazine (Compro®)

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here

Documentation Required

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

Required NCPDP Field

NCPDP 424-DO field (Diagnosis Code)

Possible Denial EOB Code

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

Quantity Limit

The following **antiemetic/antivertigo** agent will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Ondansetron (Zofran®) ODT, Tablet (solid oral dosage forms)	30 tablets/30 days

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Exclusions for quantity limit requirement for ondansetron

Pharmacy claims submitted with an ICD-10-CM diagnosis code for **cancer or palliative end-of-life care** in NCPDP field 424-DO will bypass the quantity limit at Point of Sale for ondansetron ODT and tablets.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here

4.3.28 Antifungal Oral Agents

Generic Name (Brand Name Example)
Clotrimazole Troche
Fluconazole Suspension, Tablet (Diflucan®)
Flucytosine Capsule
Griseofulvin Suspension, Tablet, Ultramicrosize Tablet
Ibrexafungerp Citrate Tablet (Brexafemme™)*
Isavuconazonium Capsule (Cresemba®)
Itraconazole Capsule, Solution (Sporanox®, Tolsura®)
Ketoconazole Tablet
Miconazole Buccal Tablet (Oravig®)
Nystatin Suspension, Tablet
Oteseconazole Capsule (Vivjoa™)*
Posaconazole Suspension, Suspension Packet, Tablet (Noxafil®)
Terbinafine Tablet
Voriconazole Suspension, Tablet (Vfend®)

**The above oral antifungal agents require additional clinical information for prior authorization review.*

Pharmacy claims for select **oral antifungal** agents will be subject to the following:

- Prior/clinical authorization
- Quantity limit

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred oral antifungal** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for select **oral antifungal** agents will be subject to a quantity limit as listed in the chart.

Generic Name	Quantity Limit
Itraconazole 100mg Capsule	120 capsules per 30 days
Itraconazole 100mg Capsule Pack	1 pack (28 capsules) per 28 days
Itraconazole 65mg Capsule	120 capsules per 30 days

A quantity limit denial override for the above **oral antifungal** agents must be address with a prior authorization.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB Code **153** (Quantity Exceeds Max-MD Fax Override Form 866-797-2329)

4.3.29 Antifungal Topical Agents

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Ciclopirox Cream, Gel, Shampoo, Solution, Suspension (Loprox®)	Naftifine Cream, Gel (Naftin®)
Ciclopirox/Skin Cleanser No. 40 (Loprox® Kit)	Nystatin Cream, Ointment, Topical Powder
Clotrimazole Rx Cream, Rx Solution	Nystatin/Triamcinolone Cream, Ointment
Clotrimazole/Betamethasone Cream, Lotion	Oxiconazole Cream, Lotion (Oxistat®)
Econazole Nitrate Cream	Salicylic Acid (Bensal HP®)
Efinaconazole Solution (Jublia®)	Sertaconazole Cream (Ertaczo®)
Ketoconazole Cream, Foam, Rx Shampoo (Extina®, Ketodan®)	Sulconazole Cream, Solution (Exelderm®)
Luliconazole Cream (Luzu®)	Tavaborole Solution (Kerydin®)
Miconazole/Zinc Oxide/White Petrolatum (Vusion®)	

Pharmacy claims for **topical antifungal** agents will be subject to the following:

- Prior authorization
- Quantity limit

Prior Authorization
Pharmacy claims for **all non-preferred topical antifungal** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for the following **topical antifungal** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Ciclopirox Olamine 0.77% Suspension (Loprox®)	60ml per 30 days
Econazole Nitrate 1% Cream	85gm per 30 days
Ketoconazole 2% Shampoo	120ml per 30 days
Ketoconazole 2% Cream	60gm per 30 days
Nystatin 100,000 units/gm Cream	60gm per 30 days
Nystatin 100,000 units/gm External Powder	120gm (Two 60gm bottles) per 30 days
Nystatin 100,000 units/gm Ointment	60gm per 30 days

A quantity limit denial override for the above **topical antifungal** agents must be address with a prior authorization.
Note: Refer to http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf for the Preferred Drug List for preferred/non-preferred agents, drug specific clinical authorization criteria and instructions.

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB Code **153** (Quantity Exceeds Max-MD Fax Override Form 866-797-2329)

4.3.30 Antihistamines

Generic Name (Brand Name Example)
Carbinoxamine Maleate Liquid, Suspension, Tablet
Cetirizine Capsule OTC, Chewable Tablet OTC, Solution OTC, Solution Rx, Tablet OTC (Zyrtec)
Cetirizine/Pseudoephedrine Tablet OTC (Zyrtec-D)
Chlorpheniramine Maleate Tablet
Chlorpheniramine/Pseudoephedrine Liquid (Lohist-D)
Clemastine Fumarate Syrup, Tablet
Cyproheptadine Syrup, Tablet
Desloratadine ODT, Tablet (Clarinex®)
Desloratadine/Pseudoephedrine ER Tablet (Clarinex-D®)
Dexchlorpheniramine Maleate Solution
Fexofenadine Suspension OTC, Tablet OTC (Allegra)
Fexofenadine/Pseudoephedrine Tablet OTC (Allegra-D)
Levocetirizine Solution, Tablet, Tablet OTC (Xyzal)
Loratadine Chewable Tablet OTC, ODT OTC, Solution OTC, Tablet OTC (Claritin)
Loratadine/Pseudoephedrine Tablet OTC (Claritin-D)
Promethazine Ampule, Syrup, Tablet, Vial (Phenergan®)

Pharmacy claims for **first and/or second-generation antihistamines and antihistamine-decongestant agents** may be subject to the following:

- Prior authorization
- Therapeutic duplication

Prior Authorization
Pharmacy claims for **all non-preferred second-generation antihistamines and antihistamine-decongestant** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Therapeutic duplication
Pharmacy claims for **first and/or second-generation antihistamines** and **antihistamine-decongestant agents** will deny if there is an active claim on the recipient's file for another **first and/or second-generation antihistamine or antihistamine-decongestant agent**.

Possible Denial EOB Code
EOB code **482** (Therapeutic Duplication) → NCPDP rejection code **88** (DUR Reject Error)

Point of Sale Override
Pharmacy claims with therapeutic duplication denials for antihistamines with antihistamines OR therapeutic duplication denials for antihistamine/decongestants with antihistamine/decongestants will not have override provisions at POS. However, a **change in therapy from an antihistamine to an antihistamine-decongestant or the reverse will have override provisions**.

Upon consultation with the prescriber to verify the necessity of the change in therapy, the pharmacist may override the denial by submitting the following override 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)

Exclusions: Pharmacy 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 or in the pharmacy's electronic recordkeeping system the reason the prescriber chose 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.

4.3.31 Antimigraine Agents – Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists

Generic Name (Brand Name Example)
Atogepant Tablet (Qulipta™)
Eptinezumab-jjmr Vial (Vyepti®)
Erenumab-aooe Autoinjector (Aimovig®)
Fremanezumab-vfrm Autoinjector, Syringe (Ajovy®)
Galcanezumab-gnlm Syringe (Emgality®)
Rimegepant Disintegrating Tablet (Nurtec™ ODT)
Ubrogepant Tablet (Ubrelvy™)
Zavegepant Nasal (Zavzpret™)

Pharmacy claims for **calcitonin gene-related peptide (CGRP) receptor antagonists** may be subject to the following:

- Prior/clinical authorization
- Quantity limit
- Therapeutic duplication

Prior/Clinical Authorization

Pharmacy claims for **all CGRP receptor antagonist** agents require additional clinical information for prior authorization review.

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

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

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Quantity Limit

Pharmacy claims for the following **CGRP receptor antagonist** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Atogepant (Qulipta™)	30 tablets/30 days
Eptinezumab-jjmr (Vyepti®)	3 single dose vials (300mg)/90 days
Erenumab-aooe (Aimovig®) - 70mg, 140mg single dose syringe	3 single dose syringes/90 days
Fremanezumab-vfrm (Ajovy®) - 225mg single dose syringe	3 single dose syringes/90 days
Galcanezumab-gnlm (Emgality®) - 100mg single dose syringe	3 single dose syringes/30 days
Galcanezumab-gnlm (Emgality®) - 120mg single dose pen/syringe	7 single dose syringes/180 days
Rimegepant (Nurtec™ ODT)	16 tablets/30 days
Ubrogepant (Ubrelvy™)	16 tablets/30 days

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

After consultation with the prescriber to verify the necessity of exceeding the quantity limit, the pharmacist may override the denial by submitting the following at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Therapeutic Duplication

An incoming pharmacy claim for an **injectable CGRP receptor antagonist** agent will deny when the recipient has an active prescription* for any other **injectable CGRP receptor antagonist** agent.

An incoming pharmacy claim for an **oral/nasal CGRP receptor antagonist** agent will deny when the recipient has an active prescription* for any other **oral/nasal CGRP receptor antagonist** agent.

**An active prescription is one which the day supply has not expired.*

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB Code **502** (Therapeutic Duplication, MD to Fax PA Form to 866-797-2329)

The therapeutic duplication denial of CGRP receptor antagonist agents must be address with a prior authorization.

4.3.32 Antimigraine Agents – Triptans

Generic Name (Brand Name Example)
Almotriptan Tablet
Eletriptan Tablet (Relpax®)
Frovatriptan Tablet (Frova®)
Lasmiditan Tablet (Reyvow®)*
Naratriptan (Amerge®)
Rizatriptan ODT, Tablet (Maxalt®)
Sumatriptan Auto-Injector, Kit, Vial (Imitrex®, Zembrace® SymTouch®)
Sumatriptan Nasal (Imitrex®, Tosymra™, Onzetra® Xsail®)
Sumatriptan Tablet (Imitrex®)
Sumatriptan/Naproxen (Treximet®)
Zolmitriptan ODT, Tablet (Zomig®)
Zolmitriptan Nasal (Zomig®)

**The above triptan agent requires additional clinical information for prior authorization review.*
Pharmacy claims for **triptan** agents may be subject to the following:

- Prior/clinical authorization
- Diagnosis code requirement
- Quantity limit

Prior/Clinical Authorization

Pharmacy claims for **all non-preferred triptan** agents require prior authorization.

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

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

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

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

Diagnosis Code Requirement

Pharmacy claims for **all triptan** agents [except lasmiditan (Reyvow®)] for recipients who are younger than 18 years of age require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Documentation Required

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

Required NCPDP Field

NCPDP **424-DO** field (Diagnosis Code)

Possible Denial EOB Code

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

Quantity Limit

Pharmacy claims for select **triptan** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Example)	Quantity Limit per Rolling 30 Days
Almotriptan (Axert®)	12
Eletriptan (Relpax®)	6
Frovatriptan (Frova®)	9
Lasmiditan (Reyvow®)	8
Naratriptan (Amerge®)	9
Rizatriptan Tablet (Maxalt®, Maxalt MLT®)	12
Sumatriptan/Naproxen (Treximet®)	9
Sumatriptan (Imitrex®)	9
Sumatriptan (Tosymra®)	6
Zolmitriptan (Zomig®, Zomig ZMT®)	6
Sumatriptan Nasal Powder (Onzetra® Xsail®)	1 kit

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted) or
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.33 Antiretroviral Agents

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Abacavir Solution, Tablet (Ziagen®)	Emtricitabine/Rilpivirine/Tenofovir AF Tablet, DF Tablet (Odefsey®, Complera®)
Abacavir/Dolutegravir/Lamivudine Soluble Tablet, Tablet (Triumeq®)	Emtricitabine Capsule, Solution (Emtriva®)
Abacavir/Lamivudine Tablet (Epzicom®)	Emtricitabine/Tenofovir AF Tablet, DF Tablet (Descovy®, Truvada®)
Abacavir/Lamivudine/Zidovudine Tablet (Trizivir®)	Enfuvirtide Vial (Fuzeon®)
Atazanavir Capsule, Powder Pack (Reyataz®)	Etravirine Tablet (Intelence®)
Atazanavir Sulfate/Cobicistat Tablet (Evotaz®)	Fosamprenavir Suspension, Tablet (Lexiva®)
Bictegravir/Emtricitabine/Tenofovir AF Tablet (Biktarvy®)	Fostemsavir Tromethamine Tablet (Rukobia®)
Cabotegravir (Apretude™, Vocabria®)	Ibalizumab-uiyk Vial (Trogarzo®)
Cabotegravir/Rilpivirine IM (Cabenuva®)	Lamivudine Solution, Tablet (Epivir®)
Cobicistat Tablet (Tybost®)	Lamivudine/Tenofovir DF Tablet (Cimduo®)
Darunavir Ethanolate Tablet, Suspension (Prezista®)	Lamivudine/Zidovudine Tablet (Combivir®)
Darunavir/Cobicistat/Emtricitabine/Tenofovir AF (Symtuza®)	Lenacapavir Subcutaneous, Tablet (Sunlenca®)
Darunavir/Cobicistat Tablet (Prezcobix®)	Lopinavir/Ritonavir Solution, Tablet (Kaletra®)
Didanosine Capsule DR	Maraviroc Solution, Tablet (Selzentry®)
Dolutegravir Sodium Suspension, Tablet (Tivicay PD®; Tivicay®)	Nelfinavir Mesylate Tablet (Viracept®)
Dolutegravir Sodium/Lamivudine Tablet (Dovato®)	Nevirapine ER Tablet, Suspension, Tablet (Viramune®)
Dolutegravir/Rilpivirine Tablet (Juluca®)	Raltegravir Potassium Chewable, Powder Pack, Tablet (Isentress®)
Doravirine Tablet (Pifeltro®)	Rilpivirine HCl Tablet (Edurant®)
Doravirine/Lamivudine/Tenofovir DF Tablet (Delstrigo®)	Ritonavir Powder Pack, Tablet (Norvir®)
Efavirenz Capsule, Tablet (Sustiva®)	Stavudine Capsule
Efavirenz/Emtricitabine/Tenofovir DF Tablet (Atripla®)	Tenofovir Disoproxil Fumarate Powder, Tablet (Viread®)
Efavirenz/Lamivudine/Tenofovir DF Tablet (Symfi®)	Tipranavir Capsule (Aptivus®)
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir AF, DF (Genvoya®, Stribild®)	Zidovudine Capsule, Syrup, Tablet (Retrovir®)

Pharmacy claims for **antiretroviral** agents may be subject to the following:

- Diagnosis code requirement
- Therapeutic duplication

Diagnosis Code Requirement
Pharmacy claims for **select antiretroviral** agents require an appropriate diagnosis code entered at POS.
Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf[GJ1]

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

Exemption from the Diagnosis Code Requirement
Pharmacy claims for **antiretroviral agents** indicated for **HIV PrEP** are exempted from the diagnosis code requirement [cabotegravir (Apretude™, Vocabria®), emtricitabine/tenofovir/alafenamide (Descovy®), emtricitabine/tenofovir disoproxil fumarate (Truvada®)].

Therapeutic Duplication
An incoming pharmacy claim for an **antiretroviral** agent will deny at POS when there is an active claim* on the recipient's file for **another antiretroviral** agent containing the **same active ingredient**.

**An active claim is a claim where the days supply has not expired.*

Possible Denial EOB Code
EOB Code **482** (Therapeutic Duplication - TD) → NCPDP rejection code **88** (DUR Reject Error)
Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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)

4.3.34 Antipsoriatic Agents

Generic Name (Brand Name Example)
Calcipotriene Cream, Foam, Ointment, Solution (Sorilux®)
Calcipotriene/Betamethasone Dipropionate Foam, Ointment, Suspension (Enstilar®, Taclonex®)
Calcitriol Ointment (Vectical®)
Halobetasol/Tazarotene Lotion (Duobrii®)
Roflumilast 0.3% Cream (Zoryve™)
Tapinarof Cream (Vtama®)

Pharmacy claims for **antipsoriatic** agents are subject to the following:

- Prior authorization
- Prior use of other medication

Prior Authorization

Pharmacy claims for **all non-preferred antipsoriatic** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Prior Use of Other Medication

Pharmacy claims for **tapinarof (Vtama®)** will require at least ONE paid claim in the previous 180-day period for:

- Tapinarof (Vtama®) **OR**
- Topical corticosteroid **OR**
- Topical calcineurin inhibitor

Tapinarof (Vtama®) Prior Use of Other Medication Exemption

Pharmacy claims for **tapinarof (Vtama®)** submitted with a diagnosis code for plaque psoriasis (L40.0*) will bypass the previous use requirement.

** Any number or letter or combination of up to four numbers and letters of an assigned ICD-10 diagnosis code*

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **281** (Prior Use of Topical Steroid/Calcineurin Inhibitor)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **PP** (Plan Protocol)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.35 Antipsychotic, Oral/Transdermal Agents

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Ariprazole Film (Opipza®)	Molindone Tablet
Aripiprazole ODT, Solution, Tablet (Abilify®)	Olanzapine ODT, Tablet (Zyprexa®)
Asenapine Sublingual Tablet, (Saphris®)	Olanzapine/Fluoxetine Capsule (Symbyax®)
Asenapine Transdermal Patch (Secuado®)	Olanzapine/Samidorphan Tablet (Lybalvi™)
Brexpiprazole Tablet (Rexulti®)	Paliperidone ER Tablet (Invega®)
Cariprazine Capsule (Vraylar®)	Perphenazine Tablet
Chlorpromazine Oral Concentrate, Tablet	Perphenazine/Amitriptyline Tablet
Clozapine ODT, Suspension, Tablet (Clozaril®)	Pimavanserin Capsule, Tablet (Nuplazid®)*
Fluphenazine Elixir/Solution, Tablet	Pimozide Tablet
Haloperidol Lactate Oral Concentrate	Quetiapine ER Tablet, Tablet (Seroquel®)
Haloperidol Tablet	Risperidone ODT, Solution, Tablet (Risperdal®)
Iloperidone Tablet (Fanapt®)	Thioridazine Tablet
Loxapine Capsule	Thiothixene Capsule
Loxapine Inhalation (Adasuve®)	Trifluoperazine Tablet
Lumateperone Capsule (Caplyta™)	Xanomeline Tartrate/Trospium Chloride (Cobenfy™)
Lurasidone Tablet (Latuda®)	Ziprasidone Capsule (Geodon®)

**The above antipsychotic agent requires additional clinical information for prior authorization review.*

Pharmacy claims for **oral and transdermal antipsychotic** agents may be subject to the following edits:

- Prior/clinical authorization
- Age limit
- Behavioral health clinical authorization for ages less than 7 years
- Diagnosis code requirement
- Drug to drug educational alert
- Maximum daily dosage limit
- Quantity limit
- Therapeutic duplication

Prior/Clinical Authorization

Pharmacy claims for **all non-preferred oral and transdermal antipsychotic** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Age Limit

Select **oral antipsychotic** agents are limited for use in recipients who meet specific age requirements as listed in the chart.

Generic Name (Brand Name Example)	Minimum Age
Pimavanserin (Nuplazid®)	18 years

Possible Denial EOB Code

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

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **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)

When deemed an emergency situation and the prescriber cannot be reached by the pharmacist, an emergency override is allowed at POS.

Behavioral Health Clinical Authorization Requirement for Ages Less Than 7 Years

Pharmacy claims for **oral and transdermal antipsychotic** agents for recipients less than 7 years old will be reimbursed at POS when the prescriber has obtained an approved Clinical Authorization.

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Exclusions for clinical authorization for Ages Less Than 7 Years

Pharmacy claims for recipients who are younger than 7 years of age for **molindone** will bypass the clinical authorization requirement at POS.

Diagnosis Code Requirement

Pharmacy claims for **all oral and transdermal antipsychotic** agents require appropriate diagnosis codes for reimbursement.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Documentation Required

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

Required NCPDP Field

NCPDP **424-DO** field (Diagnosis Code)

Possible Denial EOB Code

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

Point of Sale Override

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 at POS.

Drug to Drug Educational Alert

Pharmacy claims for **all antipsychotic** agents will prompt a drug to drug interaction **educational alert** if there is an active pharmacy claim for an **opioid** agent on the recipient's file. An incoming claim for an **opioid** agent will prompt a drug to drug interaction **educational alert** if there is an active pharmacy claim for an **antipsychotic** agent on the recipient's file.

Possible Educational EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB **442** (Drug-Drug Interaction)

Maximum Daily Dose Limit

Pharmacy claims for the following **antipsychotic** agents are limited to a maximum daily dose.

Generic Name (Brand Name Example)	Maximum Daily Dose						
	Age (Years)						
	Younger than 5	5	6-9	10-12	13-15	16-17	18 and older
Aripiprazole (Abilify®)	5mg	20mg	20mg	20mg	30mg	30mg	30mg
Aripiprazole (Abilify® Mycite®)	0mg	0mg	0mg	0mg	0mg	0mg	30mg
Asenapine (Saphris®)	0mg	0mg	0mg	20mg	20mg	20mg	20mg
Asenapine Transdermal Patch (Secuado®)	0mg	0mg	0mg	0mg	0mg	0mg	7.6mg
Brexpiprazole (Rexulti®)	0mg	0mg	0mg	0mg	4mg	4mg	4mg
Cariprazine (Vraylar®)	0mg	0mg	0mg	0mg	0mg	4.5mg	6mg
Cariprazine Therapy Pack (Vraylar®)	0mg: Only emergency override available for pack					4.5mg	6mg
Clozapine (Clozaril®, FazaClo®, Versacloz®)	0mg	0mg	0mg	0mg	0mg	0mg	900mg
Iloperidone (Fanapt®)	0mg	0mg	0mg	0mg	0mg	16mg	24mg
Lumateperone (Caplyta™)	0mg	0mg	0mg	0mg	0mg	0mg	42mg
Lurasidone (Latuda®)	0mg	0mg	0mg	80mg	80mg	80mg	160mg
Olanzapine (Zyprexa®)	10mg	20mg	20mg	20mg	30mg	30mg	40mg
Olanzapine/Fluoxetine (Symbyax®)	0mg	0mg	0mg	12mg/50mg	12mg/50mg	12mg/50mg	18mg/75mg
Paliperidone (Invega®)	3mg	6mg	6mg	6mg	9mg	9mg	12mg
Quetiapine (Seroquel®)	100mg	600mg	600mg	600mg	1000mg	1000mg	1200mg
Risperidone (Risperdal®)	3mg	6mg	6mg	6mg	8mg	8mg	16mg
Ziprasidone (Geodon®)	30mg	60mg	60mg	60mg	120mg	120mg	200mg

For ages less than 18 years:

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **325** (Exceeds Max Daily Dose, MD fax override form to 866-797-2329)

Point of Sale Override

No POS overrides are allowed for denied claims for recipients under the age of 18 years. The Louisiana Uniform Prescription Drug Prior Authorization Form should be utilized to request authorization to override maximum dose for antipsychotics.

For ages 18 years and older:

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB code **529** (High-Dose Exceeds Max Daily)

Point of Sale Override

When the recipient is **age 18 years or older** and upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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)

When deemed an emergency situation and the prescriber cannot be reached by the pharmacist, an emergency override is allowed at POS.

Quantity Limit

Pharmacy claims for the following **oral and transdermal antipsychotic** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Asenapine (Secuado®) Transdermal Patch	30 patches per 30 days
Brexpiprazole Tablet (Rexulti®)	30 tablets per 30 days
Cariprazine Capsule (Vraylar®)	30 capsules per 30 days
Lurasidone (Latuda®) Tablet 20mg, 40mg, 60mg & 120mg	30 tablets per 30 days
Lurasidone (Latuda®) Tablet 80mg	60 tablets per 30 days
Olanzapine/Samidorphan (Lybalvi™) Tablet	30 tablets per 30 days
Pimavanserin (Nuplazid®) Tablet 10mg	30 tablets per 30 days
Pimavanserin (Nuplazid®) Capsule 34mg	30 capsules per 30 days
Xanomeline Tartrate/Trospium Chloride (Cobenfy™)	60 capsules per 30 days

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Therapeutic Duplication

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

Pharmacy claims for **olanzapine/fluoxetine (Symbyax®)** will deny when there is an active prescription for an **oral or transdermal antipsychotic** agent **and/or** an active prescription for a **Selective Serotonin Reuptake Inhibitor (SSRI)** on the recipient's file.

Possible Denial EOB Code

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

Point of Sale Override

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) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

When deemed an emergency situation and the prescriber cannot be reached by the pharmacist, an emergency override is allowed at POS.

4.3.36 Antipsychotic Injectable Agents

Generic Name (Brand Name Example)
Aripiprazole Lauroxil (Aristada®; Aristada® Initio®)
Aripiprazole Suspension ER (Abilify Asimtufii®/ Maintena®)
Chlorpromazine Ampule
Fluphenazine Vial
Fluphenazine Deconoate
Haloperidol Decanoate, Lactate (Haldol®)
Olanzapine Solution (Zyprexa®)
Olanzapine Suspension (Zyprexa®, Relprevv®)
Paliperidone (Erzofri™, Invega® Hafyera™/Sustenna®/Trinza®)
Risperidone ER Suspension Intramuscular (Risperdal® Consta®, Rykindo®)
Risperidone ER Suspension Subcutaneous (Perseris®, Uzedy™)
Ziprasidone Vial (Geodon®)

Pharmacy claims for **injectable antipsychotic** agents may be subject to the following:

- Prior authorization
- Behavioral health clinical authorization for ages less than 7 years
- Diagnosis code requirement
- Drug-drug educational alert
- Maximum daily dosage limit
- Previous use requirement
- Quantity limit
- Therapeutic duplication

Prior Authorization

Pharmacy claims for **all non-preferred injectable antipsychotic** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Behavioral Health Clinical Authorization Requirement for Ages Less Than 7 Years

Pharmacy claims for **all injectable antipsychotic** agents for recipients less than 7 years old will be reimbursed at POS when the prescriber has obtained an approved Clinical Authorization.

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form
Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Diagnosis Code Requirement

Pharmacy claims for **all injectable antipsychotic** agents require appropriate diagnosis codes for reimbursement.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.
Documentation Required

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

Required NCPDP Field

NCPDP **424-DO** field (Diagnosis Code)

Possible Denial EOB Code
NCPDP rejection code **39** (M/I Diagnosis Code) mapped to EOB **575** (Missing or Invalid Diagnosis Code)

Point of Sale Override
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 entering **03** in NCPDP Field **418-DI** (Level of Service).

Drug to Drug Educational Alert

Pharmacy claims for **all antipsychotic agents** will prompt a drug to drug interaction **educational alert** if there is an active pharmacy claim for an **opioid agent** on the recipient's file. An incoming claim for an **opioid agent** will prompt a drug to drug interaction **educational alert** if there is an active pharmacy claim for an **antipsychotic agent** on the recipient's file.

Possible Educational EOB Code
NCPDP reject code **88** (DUR Reject Error) mapped to EOB **442** (Drug-Drug Interaction)

Maximum Daily Dose Limit

Pharmacy claims for the following antipsychotic agents are limited to a maximum daily dose.

Generic Name (Brand Name Example)	Maximum Daily Dose	
	Age (Years)	
	Younger than 7	7-17
Aripiprazole Lauroxil (Aristada®)	0mg	0mg
Paliperidone (Invega® Trinza®)	0mg	0mg
Risperidone (Perseris®)	0mg	0mg

Possible Denial EOB Codes
NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **325** (Exceeds Max Daily Dose, MD fax override form to 866-797-2329)

Point of Sale Override

No POS overrides are allowed for claims denied for maximum dose limit for recipients under the age of 18 years.
Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Previous Use Requirement

The following **injectable antipsychotic** agents require evidence in pharmacy claims indicating established tolerance with previous use of an oral **OR** injectable form.

Generic Name (Brand Name Example)	At Least ONE Claim of Oral Dosage Form in Previous 365-Day Period	Number of Injectable Claims in Previous Period of Time
Aripiprazole (Abilify Asimtufii®)	Aripiprazole	**ONE** claim for **ANY** aripiprazole injectable product in the previous 365 days
Aripiprazole (Abilify Maintena®)		
Aripiprazole (Aristada®)		
Aripiprazole (Aristada Initio®)		
Olanzapine (Zyprexa Relprevv®)	Olanzapine	**ONE** claim for Zyprexa Relprevv® in the previous 365 days
Paliperidone (Erzofri™)	Paliperidone or Risperidone	**ONE** claim for **ANY** risperidone or paliperidone injectable product in the previous 365 days
Paliperidone (Invega Hafyera™)	N/A	**FOUR** claims for Invega Sustenna® in the previous 120-day period **OR** **ONE** claim for Invega Trinza® in the previous 90-day period **OR** **ONE** claim for Invega Hafyera™ in the previous 365 days
Paliperidone (Invega Sustenna®)	Paliperidone or Risperidone	**ONE** claim for **ANY** risperidone or paliperidone injectable product
Paliperidone (Invega Trinza®)	N/A	**FOUR** claims for Invega Sustenna® in the previous 120-day period **OR** **ONE** claim for Invega Trinza® or Invega Hafyera™ in the previous 365 days
Risperidone (Perseris®)	Risperidone	**ONE** claim for **ANY** risperidone injectable product in previous 365 days
Risperidone (Risperdal Consta®)		
Risperidone (Rykindo®)		
Risperidone (Uzedy™)		

Possible Denial EOB Code

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

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

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

In emergency situations at Point of Sale, if it is necessary to override the claim, "**03**" can be entered in
NCPDP field 418-DI (Level of Service).

Quantity Limit

Pharmacy claims for the following **injectable antipsychotic** agents are subject to a quantity limit.

Generic Name (Brand Name Example)	Quantity Limit
Aripiprazole (Abilify Asimtufii®)	1 unit every 56 days
Aripiprazole (Abilify Maintena®)	1 unit every 28 days
Aripiprazole (Aristada®) 441mg; 662mg; 882mg syringe	1 unit every 28 days
Aripiprazole (Aristada®) 1064mg syringe	1 unit every 56 days
Aripiprazole (Aristada Initio®) 675mg syringe	Limited to 1 unit per 18-month period
Olanzapine (Zyprexa Relprevv®) 210mg & 300mg	2 units every 28 days
Olanzapine (Zyprexa Relprevv®) 405mg	1 unit every 28 days
Paliperidone (Erzofri™)	1 unit every 28 days
Paliperidone (Invega Hafyera™)	1 unit every 180 days
Paliperidone (Invega Sustenna®)	Initiation: 2 units in 14 days
	Maintenance: 1 unit every 28 days
Paliperidone (Invega Trinza®)	1 unit every 84 days
Risperidone (Perseris®)	1 unit every 28 days
Risperidone (Risperdal Consta®)	2 units every 28 days
Risperidone (Rykindo®)	2 units every 28 days
Risperidone (Uzedy™) 50mg; 75mg; 100mg; 125mg syringe	1 unit every 28 days
Risperidone (Uzedy™) 150mg; 200mg; 250mg syringe	1 unit every 56 days

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

In emergency situations at Point of Sale, if it is necessary to override the claim, "**03**" can be entered in
NCPDP field 418-DI (Level of Service).

Therapeutic Duplication

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

Possible Denial EOB Code

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

Point of Sale Override

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) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

In emergency situations at Point of Sale, if it is necessary to override the claim, "**03**" can be entered in
NCPDP field 418-DI (Level of Service).

4.3.37 Asfotase Alfa (Strensiq®)

Pharmacy claims for **asfotase alfa (Strensiq®)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **asfotase alfa (Strensiq®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here**.**

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.38 Asthma/COPD - Bronchodilators – Inhaled Anticholinergic Agents

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Aclidinium Bromide Inhalation Powder (Tudorza® Pressair®)	Revefenacin Inhalation Solution (Yupelri®)
Aclidinium Bromide/Formoterol Fumarate (Duaklir® Pressair®)	Tiotropium Inhalation Powder (Spiriva® HandiHaler®)
Ensifentrine Nebulizer Solution (Ohtuvayre™)	Tiotropium Bromide Inhalation Spray (Spiriva® Respimat®)
Glycopyrrolate/Formoterol Fumarate (Bevespi Aerosphere®)	Tiotropium/Olodaterol (Stiolto® Respimat®)
Ipratropium MDI, Nebulizer Solution (Atrovent HFA®)	Umeclidinium Inhalation Powder (Incruse® Ellipta®)
Ipratropium/Albuterol Sulfate Inhaler, Nebulizer Solution (Combivent® Respimat®)	Umeclidinium/Vilanterol Inhalation Powder (Anoro® Ellipta®)

Pharmacy claims for select **inhaled anticholinergic** agents will be subject to the following:

- Prior authorization
- Diagnosis code requirement
- Quantity limit

Prior Authorization

Pharmacy claims for **all non-preferred inhaled anticholinergic** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Diagnosis Code Requirement

Pharmacy claims for the following **inhaled anticholinergic** agent requires an appropriate diagnosis code entered at POS as noted in the chart.

Generic Name (Brand Name Example)	Diagnosis Code	Diagnosis Description
Tiotropium Bromide (Spiriva® Respimat®) 1.25mcg	J45*	Asthma
Tiotropium Bromide (Spiriva® Respimat®) 2.5mcg	J44*	COPD

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

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Documentation Required

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

Required NCPDP Field

NCPDP 424-DO field (Diagnosis Code)

Possible Denial EOB Code

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

Quantity Limit

Pharmacy claims for the following **inhaled anticholinergic** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit per 30 Days
Aclidinium Bromide Inhalation Powder (Tudorza® Pressair®)	1 inhaler
Aclidinium Bromide/Formoterol Fumarate (Duaklir® Pressair®)	1 inhaler
Albuterol Sulfate/Ipratropium (Combivent® Respimat®)	2 inhalers
Albuterol Sulfate/Ipratropium Nebulizer Solution	180 vials
Glycopyrrolate/Formoterol Fumarate (Bevespi Aerosphere®)	1 inhaler
Ipratropium MDI (Atrovent HFA®)	2 inhalers
Ipratropium Nebulizer Solution	120 vials
Revefenacin Inhalation Solution (Yupelri®)	30 vials
Tiotropium Inhalation Powder (Spiriva® HandiHaler®)	30 capsules
Tiotropium Bromide Inhalation Spray (Spiriva® Respimat®)	1 inhaler
Tiotropium/Olodaterol (Stiolto® Respimat®)	1 inhaler
Umeclidinium Inhalation Powder (Incruse® Ellipta®)	1 inhaler
Umeclidinium/Vilanterol Inhalation Powder (Anoro® Ellipta®)	1 inhaler

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.39 Asthma/COPD - Bronchodilators – Inhaled/Oral Beta-Adrenergic Agents

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Albuterol Sulfate Nebulizer Solution	Levalbuterol Nebulizer Solution, Concentrate
Albuterol Sulfate MDI (ProAir HFA®; Proventil HFA®; Ventolin HFA)	Levalbuterol MDI (Xopenex HFA®)
Albuterol Sulfate ER Tablet, Syrup, Tablet	Olodaterol (Striverdi® Respimat®)
Albuterol Sulfate Inhalation Powder (ProAir® Digihaler™)	Salmeterol Xinafoate (Serevent® Diskus®)
Arformoterol Inhalation Solution (Brovana®)	Terbutaline Sulfate Tablet
Formoterol Inhalation Solution (Perforomist®)	

Pharmacy claims for select **inhaled/oral beta-adrenergic** agents will be subject to the following:

- Prior authorization
- Quantity limit
- Therapeutic duplication
- Yearly quantity limit

Prior Authorization

Pharmacy claims for **all non-preferred inhaled/oral beta-adrenergic** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Quantity Limit

Pharmacy claims for the following **inhaled beta-adrenergic** agents are subject to quantity limits as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Albuterol Sulfate Nebulizer Solution 0.63 mg/3 mL	375 ml per 30 days
Albuterol Sulfate Nebulizer Solution 1.25 mg/3 mL	375 ml per 30 days
Albuterol Sulfate Nebulizer Solution 2.5 mg/3 mL	375 ml per 30 days
Albuterol Sulfate Nebulizer Solution 2.5 mg/0.5 mL	375 ml per 30 days
Arformoterol Inhalation Solution (Brovana®)	120 ml per 30 days
Formoterol Inhalation Solution (Perforomist®)	120 ml per 30 days
Levalbuterol Nebulizer Solution	288 ml per 30 days
Levalbuterol Nebulizer Solution Concentrate	90 vials per 30 days
Olodaterol (Striverdi® Respimat®)	1 inhaler per 30 days

Salmeterol Xinafoate (Serevent® Diskus®)	1 inhaler per 30 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify medical necessity of excessive quantity, the pharmacist may override the denial by submitting the following override codes at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Therapeutic Duplication

Pharmacy claims for **short-acting beta-adrenergic inhalers** are monitored via POS for duplication of therapy with other **short acting beta-adrenergic inhalers.**

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **482** (Therapeutic Duplication - TD)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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)

Yearly Quantity Limit

Pharmacy claims for the following **inhaled beta-adrenergic** agents will be subject to a yearly quantity limit as listed in the chart. Pharmacy claims for inhalers in excess of the quantity limit must be submitted appropriate diagnosis codes.

Generic Name (Brand Name Example)	Quantity Limit per 365 Days
Albuterol Sulfate MDI (ProAir HFA®)	6 inhalers
Levalbuterol MDI (Xopenex HFA®)	6 inhalers

Possible Denial EOB Code(s)

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

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Exemptions to Yealy Quantity Limit

Pharmacy claims for these **inhaled beta-adrenergic** agents submitted with specific diagnosis codes for cystic fibrosis, chronic obstructive pulmonary disease or emphysema will bypass the yearly limit.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Documentation Required

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

Required NCPDP Field

NCPDP 424-DO field (Diagnosis Code)

Possible Denial EOB Code

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

4.3.40 Asthma/COPD – Bronchodilators – Oral Anticholinergic Agents

Generic Name (Brand Name Example)
Roflumilast Tablet (Daliresp®)*

Pharmacy claims for select **oral anticholinergic** agents will be subject to the following:

- Prior/clinical authorization

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred oral anticholinergic** agents require prior authorization.

***The above oral anticholinergic agent requires additional clinical information for prior authorization review.**

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

4.3.41 Asthma/COPD – Immunomodulator Agents

Generic Name (Brand Name Example)
Benralizumab Pen, Syringe (Fasenra®)
Mepolizumab Auto-Injector, Syringe, Vial (Nucala®)
Omalizumab Auto-Injector, Syringe, Vial (Xolair®)
Reslizumab Vial (Cinqair®)
Tezepelumab-ekko Syringe, Pen (Tezspire™)

Pharmacy claims for **immunomodulator** agents will be subject to the following:

- Prior/clinical authorization

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred immunomodulator** agents require prior authorization.

All of the above immunomodulator agents require additional clinical information for prior authorization review.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.42 Atidarsagene Autotemcel (Lenmeldy™)

Pharmacy claims for **atidarsagene autotemcel (Lenmeldy™)** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **atidarsagene autotemcel (Lenmeldy™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.43 Atopic Dermatitis Immunomodulators

Generic Name (Brand Name Example)
Crisaborole Ointment (Eucrisa®)
Dupilumab Pen, Syringe (Dupixent®)*
Lebrikizumab-lbkz (Ebglyss™)*
Nemolizumab-ilto (Nemluvio®)*
Pimecrolimus Cream (Elidel®)
Roflumilast Cream, Foam (Zoryve®)
Ruxolitinib Cream (Opzelura™)
Tacrolimus Ointment (Protopic®)
Tralokinumab-ldrm Syringe (Adbry™)*

**The above atopic dermatitis immunomodulators require additional clinical information for prior authorization review.*

Pharmacy claims for select **atopic dermatitis immunomodulators** will be subject to the following:

- Prior/clinical authorization
- Prior use of other medication
- Quantity limit

Prior/Clinical Authorization

Pharmacy claims for **all non-preferred atopic dermatitis immunomodulators** require prior authorization.

Note: Refer to http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf for the Preferred Drug List for preferred/non-preferred agents, drug specific clinical authorization criteria and instructions.
Required Prior Authorization Form

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Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Prior Use of Other Medication

Pharmacy claims for **crisaborole ointment (Eucrisa®)** will require at least ONE paid claim in the previous 180 days for:

- Crisaborole ointment (Eucrisa®); OR
- Topical corticosteroid; OR
- Topical calcineurin inhibitor

Pharmacy claims for **ruxolitinib cream (Opzelura™)** will require at least ONE paid claim in the previous 180 days for:

- Ruxolitinib cream (Opzelura™); OR
- Topical calcineurin inhibitor

Ruxolitinib (Opzelura™) Prior Use of Other Medication Exemption

Pharmacy claims for **ruxolitinib (Opzelura™)** submitted with a diagnosis code for nonsegmental vitiligo (L80*) will bypass the previous use requirement.

** Any number or letter or combination of up to four numbers and letters of an assigned ICD-10 diagnosis code*

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **281** (Prior Use of Topical Steroid/Calcineurin Inhibitor)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **PP** (Plan Protocol)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Quantity Limit

Pharmacy claims for select **atopic dermatitis immunomodulators** will be subject to a quantity limit as listed in the chart.

Generic (Brand Example)	Quantity Limit
Crisaborole ointment (Eucrisa®)	300 gm/365 days
Ruxolitinib cream (Opzelura™)	480 gm/365 days

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.44 Attention Deficit Hyperactivity Disorder (ADHD) Agents

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Amphetamine Salt Combo ER Capsule, Tablet (Adderall, Adderall XR®)	Dextroamphetamine Sulfate ER Capsule (Dexedrine® Spansule®)
Amphetamine ODT, Suspension, Tablet (Adzenys XR ODT®, Dyanavel XR®)	Dextroamphetamine Transdermal (Xelstrym®)
Amphetamine Sulfate ODT, Tablet (Evekeo®)	Guanfacine ER Tablet, IR Tablet (Tenex®, (Intuniv®)
Amphetamine/Dextroamphetamine XR Capsule (Mydayis®)	Lisdexamfetamine Capsule, Chewable Tablet (Vyvanse®)
Atomoxetine Capsule (Strattera®)	Methamphetamine Tablet (Desoxyn®)
Clonidine ER Tablet, IR Tablet, XR Suspension (Catapres®, Kapvay®, Onyda XR®)	Methylphenidate CD Capsule, ER Capsule, ER Chewable, ER Suspension, ER Tablet, IR Chewable, Tablet, Solution, XR ODT (Concerta®, Metadate CD®, Methylin®, Ritalin®, QuilliChew ER®)
Clonidine , Transdermal Patch (Catapres TTS®)	Methylphenidate Transdermal Patch (Daytrana®)
Dexmethylphenidate ER Capsule, Tablet (Focalin®, Focalin XR®)	Serdexmethylphenidate/Dexmethylphenidate Capsule (Azstarys™)
Dextroamphetamine IR Tablet, Solution (ProCentra®, Zenzedi®)	Viloxazine ER Capsule (Qelbree™)

Pharmacy claims for the following **ADHD treatment** agents may be subject to these edit requirements:

- Prior authorization
- Behavioral health clinical authorization for ages less than 7 years
- Diagnosis code requirement
- Quantity limit
- Therapeutic duplication

Prior Authorization

Pharmacy claims for all non-preferred **ADHD treatment** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Behavioral Health Clinical Authorization Requirement for Ages Less Than 7 Years

Pharmacy claims for the **ADHD treatment** agents for recipients less than 7 years old will be reimbursed at POS when the prescriber has obtained an approved Clinical Authorization.

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 Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

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

Exclusions for Clinical Authorization Requirement for Clonidine and Guanfacine

Pharmacy claims submitted with an ICD-10-CM diagnosis code for hypertensive disease or hypertension in congenital heart disease in NCPDP field 424-DO will bypass the clinical authorization requirement at Point of Sale for clonidine IR (tablet), clonidine (transdermal), and guanfacine IR.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Diagnosis Code Requirement

Pharmacy claims for **ADHD treatment** agents require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Polic Chart here

Documentation Required

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

Required NCPDP Field

NCPDP **424-DO** field (Diagnosis Code)

Possible Denial EOB Code

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

Diagnosis Code Bypass Allowance

The following agents to treat **ADHD** are also commonly used for hypertension/heart conditions. Pharmacy claims for recipients 21 years of age or older do not require a diagnosis code at POS.

Generic Name (Brand Name Example)
Clonidine IR Tablet (Catapres®)
Clonidine Transdermal Patch (Catapres TTS®)
Guanfacine IR Tablet (Tenex®)

Quantity Limit

Select **ADHD treatment** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Amphetamine Salt Combo ER Capsule (Adderall XR®)	30 capsules per 30 days
Amphetamine/Dextroamphetamine XR Capsule (Mydayis®)	30 capsules per 30 days
Lisdexamfetamine Capsule (Vyvanse®)	30 capsules per 30 days
Lisdexamfetamine Chewable Tablet (Vyvanse®)	30 chewable tablets per 30 days

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Therapeutic Duplication

Pharmacy claims for **ADHD treatment** agents will be subject to the following therapeutic duplication edits:

- Pharmacy claims for an **ADHD treatment agent** will deny at POS if there is an active claim* on the recipient's file for **armodafinil (Nuvigil®), modafinil (Provigil®), pitolisant (Wakix®)** or **solriamfetol (Sunosi®)**.
- Pharmacy claims for **armodafinil (Nuvigil®), modafinil (Provigil®), pitolisant (Wakix®)** or **solriamfetol (Sunosi®)** will deny at POS when there is an active claim on the recipient's file for an **ADHD treatment agent**.
- Pharmacy claims for a **short-acting ADHD treatment agent** will deny at POS when there is an active claim on the recipient's file for another **short-acting ADHD treatment agent**.
- Pharmacy claims for a **long-acting ADHD treatment agent** will deny at POS when there is an active claim on the recipient's file for another **long-acting ADHD treatment agent**.
- Pharmacy claims for **atomoxetine (Strattera®)** will deny at POS when there is an active claim on the recipient's file for **viloxazine (Qelbree™)**.
- Pharmacy claims for **viloxazine (Qelbree™)** will deny at POS when there is an active claim on the recipient's file for **atomoxetine (Strattera®)**.
- Pharmacy claims for an **ADHD treatment agent** will deny at POS if there is an active claim for any other **ADHD treatment agent written by a different prescriber**.

**An active claim is a claim where the day supply has not expired.*

Possible Denial EOB Code

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

Point of Sale Override

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) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.45 Benign Prostatic Hyperplasia (BPH) Treatment Agents

Generic Name (Brand Name Example)
Alfuzosin ER Tablet
Doxazosin ER Tablet, Tablet (Cardura XL®; Cardura®)
Dutasteride Capsule (Avodart®)
Dutasteride/Tamsulosin Capsule (Jalyn®)
Finasteride (Proscar®)
Finasteride/Tadalafil (Entadfi®)
Silodosin Capsule (Rapaflo®)
Tadalafil (Cialis®)
Tamsulosin Capsule (Flomax®)
Terazosin Capsule

Pharmacy claims for **BPH** treatment agents may be subject to the following:

- Prior authorization
- Diagnosis code requirement
- Duration of therapy

Prior Authorization
Pharmacy claims for **all non-preferred BPH** treatment agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Diagnosis Code Requirement
Pharmacy claims for the following **BPH** treatment agents require an appropriate diagnosis code entered at POS for recipients who are **younger than 18 years of age**. Pharmacy claims which are submitted with a diagnosis code associated with gender dysphoria or gender reassignment will deny.

Generic Name (Brand Name Example)
Dutasteride (Avodart®)
Finasteride (Proscar®)

Pharmacy claims for the following **BPH treatment** agents require an appropriate diagnosis code entered at POS for recipients of **any age**.

Generic Name (Brand Name Example)

Finasteride/tadalafil (Entadfi®)
Tadalafil (Cialis®)

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) ➔ NCPDP rejection code **39** (M/I Diagnosis Code)

Duration of Therapy
Pharmacy claims for the following **BPH** treatment agents are limited to a duration of therapy.

Generic Name (Brand Name Example)	Maximum Duration of Therapy
Finasteride/tadalafil (Entadfi®)	26 weeks
Tadalafil 2.5mg or 5mg (Cialis®) when used with finasteride (Proscar®)	26 weeks

Possible Denial EOB Code
EOB **656** (Exceeds Maximum Duration of Therapy) → NCPDP reject code **88** (DUR Reject Error)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (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)

4.3.46 Beremagene Geperpavec-svdt (Vyjuvek™)

Pharmacy claims for **beremagene geperpavec-svdt (Vyjuvek™)** will be subject to the following:

- Clinical authorization

Clinical Authorization
Pharmacy claims for **beremagene geperpavec-svdt (Vyjuvek™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

4.3.47 Beta Blocker Agents

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Acebutolol Capsule	Metoprolol/HCTZ ER Tablet, Tablet
Atenolol Tablet (Tenormin®)	Metoprolol Tartrate Tablet (Lopressor®)
Atenolol/Chlorthalidone Tablet	Nadolol Tablet (Corgard®)
Betaxolol Tablet	Nebivolol Tablet (Bystolic®)
Bisoprolol Tablet	Pindolol Tablet
Bisoprolol/HCTZ Tablet	Propranolol ER Capsule, LA Capsule, Oral Solution, Tablet (Hemangeol®, Inderal LA®, Inderal XL®)
Carvedilol ER Capsule, Tablet (Coreg®)	Propranolol/HCTZ Tablet
Labetalol tablet	Sotalol Oral Solution, Tablet (Sotylize®)
Metoprolol Succinate Capsule, ER Tablet (Toprol XL®, Kapspargo Sprinkle®)	Timolol Maleate Tablet

Pharmacy claims for **beta blocker** agents will be subject to the following:

- Prior authorization
- Therapeutic duplication

Prior Authorization
Pharmacy claims for **all non-preferred beta blocker** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Therapeutic Duplication
Pharmacy claims for **beta blocker** agents will deny at POS if there is an active claim* on the recipient's file for **another beta blocker** agent.

**An active claim is a claim where the days supply has not expired.*

Possible Denial EOB Code
EOB Code **482** (Therapeutic Duplication - TD) → NCPDP rejection code **88** (DUR Reject Error)
Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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

4.3.48 Betibeglogene Autotemcel (Zynteglo®)

Pharmacy claims for **betibeglogene autotemcel (Zynteglo®)** will be subject to the following:

- Clinical authorization

Clinical Authorization
Pharmacy claims for **betibeglogene autotemcel (Zynteglo®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

4.3.49 Bile Acid Salt Agents

Generic Name (Brand Name Example)
Chenodiol Tablet (Chenodal®)
Cholic Acid Capsule (Cholbam®)
Elafibranor Tablet (Iqirvo®)
Maralixibat Solution (Livmarli®)*
Obeticholic Acid Tablet (Ocaliva®)
Odevixibat Capsule, Pellet (Bylvay®)*
Seladelpar Capsule (Livdelzi®)
Ursodiol Capsule, Tablet (Actigall, Reltone®)

**The above bile acid salt agents require additional clinical information for prior authorization review.*

Pharmacy claims for select **bile acid salt** agents require the following:

- Prior/clinical authorization

Prior Authorization

Pharmacy claims for **all non-preferred bile acid salt** agents require prior authorization.

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

Required Prior Authorization Form

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Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

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

4.3.50 Birch Triterpenes (Filsuvez®)

Pharmacy claims for **birch triterpenes (Filsuvez®)** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **birch triterpenes (Filsuvez®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.51 Botulinum Toxin Agents

Generic Name (Brand Name Example)
AbobotulinumtoxinA (Dysport®)
DaxibotulinumtoxinA-lanm (Daxxify™)
IncobotulinumtoxinA (Xeomin®)
OnabotulinumtoxinA (Botox®)
RimabotulinumtoxinB (Myobloc®)

Pharmacy claims for select **botulinum toxin** agents will be subject to the following:

- Prior authorization
- Diagnosis code requirement
- Quantity limit

Prior Authorization
Pharmacy claims for **all non-preferred botulinum toxin** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Diagnosis Code Requirement
Pharmacy claims for **all botulinum toxin** agents require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

Quantity Limit
Pharmacy claims for the following **botulinum toxin** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit per Rolling 90 Days
IncobotulinumtoxinA (Xeomin®)	400 units
OnabotulinumtoxinA (Botox®)	600 units [Six (6) 100-unit vials OR Three (3) 200-unit vials]

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.52 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

4.3.53 Calcium Channel Blocker Agents

Generic Name (Brand Name Example)
Amlodipine Solution, Suspension, Tablet (Norvasc®)
Diltiazem CD Capsule, ER Capsule, LA Tablet, Tablet (Cardizem CD®, Tiazac®)
Felodipine ER Tablet
Isradipine Capsule
Levamlodipine Maleate Tablet
Nicardipine Capsule
Nifedipine ER Tablet, IR Capsule (Procardia XL®)
Nimodipine Capsule, Oral Syringe, Solution (Nymalize®)
Nisoldipine Tablet
Verapamil ER Capsule, ER PM Capsule, ER Tablet, IR Tablet (Verelan®, Verelan PM®, Calan® SR)

Pharmacy claims for select **calcium channel blocker** agents will be subject to the following:

- Prior authorization
- Therapeutic duplication

Prior Authorization
Pharmacy claims for **all non-preferred calcium channel blocker** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Therapeutic Duplication
Pharmacy claims for **calcium channel blocker** agents will deny at POS if there is an active claim* on the recipient's file for **another calcium channel blocker** agent.

**An active claim is a claim where the days supply has not expired.*

Possible Denial EOB Code
EOB Code **482** (Therapeutic Duplication - TD) → NCPDP rejection code **88** (DUR Reject Error)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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)

4.3.54 Cantharidin (Ycanth™)

Pharmacy claims for **cantharidin (Ycanth™)** will be subject to the following:

- Age limit
- Diagnosis code requirement

Age Limit
Pharmacy claims for **cantharidin (Ycanth™)** are limited for use in recipients who are at least **2 years of age.**

Possible Denial EOB Code
EOB code **234** (P/F Age Restriction) → NCPDP reject code **60** (Product/Service Not Covered for Patient Age)

Diagnosis Code Requirement
Pharmacy claims for **cantharidin (Ycanth™)** require an appropriate diagnosis code entered at POS.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf[GJ1]

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.55 Caplacizumab-yhdp (Cablivi®)

Pharmacy claims for **caplacizumab-yhdp (Cablivi®)** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **caplacizumab-yhdp (Cablivi®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.56 Cefiderocol (Fetroja®)

Pharmacy claims for **cefiderocol (Fetroja®)** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **cefiderocol (Fetroja®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.57 Cenegermin-bkbj (Oxervate®)

Pharmacy claims for **cenegermin-bkbj (Oxervate®)** are subject to the following:

- Clinical authorization

Clinical Authorization

Pharmacy claims for **cenegermin-bkbj (Oxervate®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

4.3.58 Cephalosporin and Related Antibiotic Agents

Generic Name (Brand Name Example)
Amoxicillin/Clavulanate Chewable Tablet, ER Tablet, Suspension, Tablet (Augmentin®)
Cefaclor Capsule, ER Tablet, Suspension
Cefadroxil Capsule, Suspension, Tablet
Cefdinir Capsule, Suspension
Cefixime Capsule, Suspension (Suprax®)*
Cefpodoxime Proxetil Suspension, Tablet
Cefprozil Suspension, Tablet
Cefuroxime Tablet
Cephalexin Capsule, Suspension, Tablet

Pharmacy claims for select **cephalosporin and related antibiotic** agents will be subject to the following:

- Prior authorization

Prior Authorization
Pharmacy claims for **all non-preferred cephalosporin and related antibiotic** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

***Exemption from Prior Authorization**
Pharmacy claims for non-preferred **cefixime (Suprax®)** submitted with a diagnosis code for unspecified sexually transmitted disease (A64) will bypass the prior authorization requirement for non-preferred products.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf[GJ1]

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

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

4.3.59 Cerliponase Alfa (Brineura™)

Pharmacy claims for **cerliponase alfa (Brineura™)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **cerliponase alfa (Brineura™)** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.60 Chorionic Gonadotropin (Novarel®, Pregnyl®)

Pharmacy claims for **chorionic gonadotropin (Novarel®, Pregnyl®)** will be subject to the following:

- Diagnosis code

Diagnosis Code Requirement
Pharmacy claims for **chorionic gonadotropin (Novarel®, Pregnyl®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → **N**CPDP rejection code **39** (M/I Diagnosis Code)

4.3.61 Chronic Gastrointestinal (GI) Motility Agents

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Alosetron Tablet (Lotronex®)	Naldemedine Tablet (Symproic®)
Eluxadoline Tablet (Viberzi®)	Naloxegol Tablet (Movantik®)
Linaclotide Capsule (Linzess®)	Plecanatide Tablet (Trulance®)
Lubiprostone Capsule (Amitiza®)	Prucalopride Tablet (Motegrity®)
Methylnaltrexone Syringe, Tablet, Vial (Relistor®)	Tenapanor Tablet (Ibsrela®)

Pharmacy claims for **chronic GI motility** agents may be subject to the following:

- Prior authorization
- Quantity limit

Prior Authorization

Pharmacy claims for all non-preferred **chronic GI motility** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Quantity Limit

Pharmacy claims for the following **chronic GI motility** agent will be subject to a quantity limit.

Generic Name (Brand Name Example)	Quantity Limit
Linaclotide (Linzess®)	1 capsule per day

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.62 Colchicine (Lodoco™)

Pharmacy claims for **colchicine (Lodoco™)** are subject to the following:

- Clinical authorization
- Quantity limit

Clinical Authorization

Pharmacy claims for **colchicine (Lodoco™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Quantity Limit

Pharmacy claims for **colchicine (Lodoco™)** will be subject to a quantity limit of **one tablet per day.**

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify medical necessity of the excessive quantity, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.63 Crinecerfont (Crenessity™)

Pharmacy claims for **crinecerfont (Crenessity™)** are subject to the following:

- Clinical authorization

Clinical Authorization

Pharmacy claims for **crinecerfont (Crenessity™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

4.3.64 Crofelemer (Mytesi™)

Pharmacy claims for **crofelemer (Mytesi™)** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **crofelemer (Mytesi™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.65 Crovalimab-akkz (PiaSky™)

Pharmacy claims for **crovalimab-akkz (PiaSky™)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **crovalimab-akkz (PiaSky™)** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.66 Cystic Fibrosis Agents

Generic Name (Brand Name Example)
Dornase Alfa (Pulmozyme®)
Elexacaftor/Tezacaftor/Ivacaftor Tablet (Trikafta®)*
Ivacaftor Packet, Tablet (Kalydeco®)*
Lumacaftor/Ivacaftor Packet, Tablet (Orkambi®)*
Mannitol Inhalation (Bronchitol®)*
Tezacaftor/Ivacaftor Tablet (Symdeko®)*
Vanzacaftor/Tezacaftor/Deutivacaftor Tablet (Alyftrek™)*

**The above cystic fibrosis agents require additional clinical information for prior authorization review.*

Pharmacy claims for **cystic fibrosis** agents will be subject to the following:

- Prior/clinical authorization
- Diagnosis code requirement

Prior/Clinical Authorization

Pharmacy claims for **all non-preferred cystic fibrosis** agents require prior authorization.

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 Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Diagnosis Code Requirement

Pharmacy claims for **dornase alfa (Pulmozyme®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Documentation Required

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

Required NCPDP Field

NCPDP 424-DO field (Diagnosis Code)

Possible Denial EOB Code

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

4.3.67 Cytokine and Cell-Adhesion Molecule (CAM) Antagonists

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Abatacept (Orencia®)	Infliximab-abda (Renflexis®)
Abrocitinib (Cibinqo™)	Infliximab-axxq (Avsola™)
Adalimumab (Humira®)	Infliximab-dyyb Intravenous (Inflectra®)
Adalimumab-aacf (Idacio®)	Infliximab-dyyb Subcutaneous (Zymfentra™)
Adalimumab-aaty (Yuflyma®)	Ixekizumab (Taltz®)
Adalimumab-adaz (Hyrimoz®)	Mirikizumab-mrkz (Omvoh™)
Adalimumab-adbm (Cyltezo®)	Rilonacept (Arcalyst®)
Adalimumab-afzb (Abrilada™)	Risankizumab-rzaa (Skyrizi®)
Adalimumab-aqvh (Yusimry™)	Ritlecitinib (Litfulo™)
Adalimumab-atto (Amjevita®)	Sarilumab (Kevzara®)
Adalimumab-bwwd (Hadlima™)	Satralizumab-mwge (Enspryng™)
Adalimumab-fkjp (Hulio®)	Secukinumab (Cosentyx®)
Adalimumab-ryvk (Simlandi®)	Spesolimab-sbzo (Spevigo®)
Anakinra (Kineret®)	Tildrakizumab-asmn (Ilumya®)
Apremilast (Otezla®)	Tocilizumab (Actemra®)
Baricitinib (Olumiant®)	Tocilizumab-aazg (Tyenne®)
Bimekizumab-bkzx (Bimzelx®)	Tocilizumab-bavi (Tofidence™)
Brodalumab (Siliq®)	Tofacitinib (Xeljanz®)
Canakinumab (Ilaris®)	Upadacitinib (Rinvoq™)
Certolizumab Pegol (Cimzia®)	Ustekinumab (Stelara®)
Deucravacitinib Tablet (Sotyktu®)	Ustekinumab-aauz Syringe, Vial (Otulfi™)
Etanercept (Enbrel®)	Ustekinumab-aekn Syringe, Vial (Selarsdi™)
Etrasimod (Velsipity™)	Ustekinumab-kfce (Yesintek™)
Golimumab (Simponi®)	Ustekinumab-stba Syringe, Vial (Steqeyma™)
Guselkumab (Tremfya®)	Ustekinumab-ttwe Syringe, Vial (Pyzchiva™)
Inebilizumab-cdon (Uplizna™)	Vedolizumab (Entyvio®)
Infliximab (Remicade®)	

Pharmacy claims for **cytokine and CAM antagonist** agents may require the following:

- Prior/clinical authorization
- Quantity limit

Prior/Clinical Authorization

Pharmacy claims for **all cytokine and CAM antagonist** agents require additional clinical information for prior authorization review.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Quantity Limit

Pharmacy claims for the following **cytokine and CAM antagonist** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Adalimumab (Humira®) 10mg, 20mg, 40mg	4 injections per 28 days
Adalimumab (Humira®) 80mg*	2 injections per 28 days
Etanercept (Enbrel®)	Starting Dose – 8 injections per 28 days for 3 months (if applicable)
	Maintenance Dose – 4 injections per 28 days

*Quantity Limit overrides for Adalimumab (Humira®) 80mg are addressed through a prior authorization process.

Possible Denial EOB Code(s)

*NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB Code **153** (Quantity Exceeds Maximum – MD to Fax Override Form to 866-797-2329)

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override for All Other Cytokine and CAM Antagonist Agents

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.68 Danicopan (Voydeya™)

Pharmacy claims for **danicopan (Voydeya™)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **danicopan (Voydeya™)** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.69 Dextromethorphan/Quinidine (Nuedexta®)

Pharmacy claims for **dextromethorphan/quinidine (Nuedexta®)** will be subject to the following.

- Clinical authorization
- Quantity limit

Clinical Authorization
Pharmacy claims for **dextromethorphan/quinidine (Nuedexta®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for **dextromethorphan/quinidine (Nuedexta®)** will be subject to quantity limit of 6**0 tablets per 30 days.**

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.70 Diabetic Supplies/Continuous Glucose Monitors

Diabetic Supplies/Continuous Glucose Monitors	
Blood Glucose Meters	Ketone Test Strips
Blood Glucose Meter Test Strips	Lancets and Lancing Devices
Blood Glucose Meter Control Solution	Pen Needles
Continuous Glucose Monitors*	Reusable Insulin Pens
External Insulin Pumps (i.e. Omnipod and V-Go)	Syringes

**Pharmacy claims for non-preferred CGMs require additional clinical information for prior authorization review.*

Continuous glucose monitors (CGMs) and other diabetic supplies are reimbursed as a pharmacy benefit.

Preferred products and prior authorization criteria for CGMs are posted on the Single PDL: https://www.ldh.la.gov/assets/docs/BayouHealth/Pharmacy/PDL.Diabetic.Supplies.pdf

Pharmacy claims for **CGMs** and **diabetic supplies** may be subject to the following:

- Prior/clinical authorization
- Diagnosis code requirement
- Long term care eligibility
- Quantity limit

Prior/Clinical Authorization

Pharmacy claims for **all non-preferred CGMs and diabetic supplies** require prior authorization.

Preferred products and prior authorization criteria for diabetic supplies are posted on the Single PDL: https://www.ldh.la.gov/assets/docs/BayouHealth/Pharmacy/PDL.Diabetic.Supplies.pdf.

Exemption from Clinical Authorization for Preferred CGMs

Pharmacy claims for **preferred CGMs** will bypass the clinical authorization requirement if there is evidence of at least **ONE paid pharmacy claim for insulin within the previous 180-day period**.

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Diagnosis Code Requirement

Pharmacy claims for **diabetic test strips** and **lancets** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Documentation Required

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

Required NCPDP Field

NCPDP 424-DO field (Diagnosis Code)

Possible Denial EOB Code

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

Long Term Care Eligibility

Diabetic supplies and glucometers for **long term care recipients** are not covered in the Medicaid Pharmacy Program. **These agents 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 not long term care recipients and are 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.

Possible Denial EOB Code

NCPDP rejection code **63** (Institutionalized Patient Product/Service ID Not Covered) mapped to EOB **385** (Diabetic not covered NH recipient)
There are no provisions for POS override.

Quantity Limit

Continuous Glucose Monitors

Pharmacy claims for **all CGMs** will be subject to a quantity limit as listed in the chart.

Product/Product Line	Quantity Limit
Dexcom® Receivers	1 receiver per year*
Dexcom® Transmitters	1 transmitter per 90 days
Dexcom® Sensors	3 sensors per 30 days
Eversense® Sensor (Implanted by healthcare provider)	1 sensor per 180 days
Eversense® Smart Transmitter	1 transmitter per year*
Freestyle Libre® Readers	1 reader per year*
Freestyle Libre® Sensors	2 sensors per 28 days
Freestyle Libre® Plus Sensors	2 sensors per 30 days

Guardian™ Transmitter	1 transmitter per year*
Guardian™ Sensors	5 sensors per 30 days

*Based on manufacturer warranty

Diabetic Supplies

Pharmacy claims for **blood glucose monitors** are limited to one meter per year.

Product	Quantity Limit
Blood Glucose Meters	1 meter per year

Pharmacy claims **for diabetic test strips** and **lancets** have quantity limits based on the diagnosis code submitted on the pharmacy claim.

Diagnosis	Test Strips Quantity Limit	Lancets Quantity Limit
Insulin-Dependent Diabetes	200/204 per 30 days†	200/204 per 30 days†
Gestational Diabetes or Diabetes in Pregnancy	200/204 per 30 days†	200/204 per 30 days†
Non-Insulin Dependent Diabetes	100/102 per 90 days†	100/102 per 90 days†

† use the preferred package size to equal 200/204 test strips or lancets based on directions

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity and/or days' supply exceeds program maximum)

Point of Sale Override

Upon consultation with the prescriber to verify medical necessity of the excessive quantity, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.71 Desmopressin (Nocdurna®)

Pharmacy claims for **desmopressin acetate (Nocdurna®)** will be subject to the following.

- Quantity limit

Quantity Limit
Pharmacy claims for **desmopressin acetate (Nocdurna®)** will be subject to quantity limit of **30 tablets per 30 days.**

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.72 Dichlorphenamide (Keveyis®)

Pharmacy claims for **dichlorphenamide (Keveyis®)** will be subject to the following.

- Clinical authorization
- Quantity limit

Clinical Authorization
Pharmacy claims for **dichlorphenamide (Keveyis®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

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

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.73 Dofetilide (Tikosyn®)

Pharmacy claims for **dofetilide (Tikosyn®)** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **dofetilide (Tikosyn®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.74 Doxepin Cream (Prudoxin®, Zonalon®)

Generic Name (Brand Name Example)
Doxepin Cream (Prudoxin®)
Doxepin Cream (Zonalon®)

Pharmacy claims for **topical doxepin** agents will be subject to the following:

- Age limit
- Diagnosis code requirement
- Quantity limit
- Therapeutic duplication

Age Limit
Pharmacy claims for **topical doxepin** agents are limited for use in recipients who meet specific age requirements as listed below.

Generic Name (Brand Name Example)	Minimum Age
Doxepin Cream (Prudoxin®)	18 years
Doxepin Cream (Zonalon®)	18 years

Possible Denial EOB Code
EOB code **234** (P/F Age Restriction) → NCPDP reject code **60** (Product/Service Not Covered for Patient Age)

Diagnosis Code Requirement
Pharmacy claims for **topical doxepin** agents require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

Quantity Limit
Pharmacy claims for **topical doxepin** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Doxepin Cream (Prudoxin®)	45 grams per 30 days
Doxepin Cream (Zonalon®)	45 grams per 30 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Therapeutic Duplication
Pharmacy claims for **topical doxepin** agents will deny at POS if there is an active claim* on the recipient's file for another **topical doxepin** agent.

**An active claim is a claim where the days supply has not expired.*

Possible Denial EOB Code
EOB Code **482** (Therapeutic Duplication - TD) → NCPDP rejection code **88** (DUR Reject Error)

4.3.75 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

4.3.76 Duchenne Muscular Dystrophy Agents

Generic Name (Brand Name Example)
Casimersen (Amondys 45®)
Delandistrogene Moxeparvovec-rokl (Elevidys™)
Eteplirsen (Exondys 51®)
Givinostat (Duvyzat™)
Golodirsen (Vyondys 53®)
Vamorolone (Agamree®)
Viltolarsen (Viltepso®)

Pharmacy claims for **Duchenne Muscular Dystrophy** agents require the following:

- Clinical authorization

Clinical Authorization

Pharmacy claims for **all Duchenne Muscular Dystrophy** agents require additional clinical information for prior authorization review.

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 Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

4.3.77 Eculizumab (Soliris®)

Pharmacy claims for **eculizumab (Soliris®)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **eculizumab (Soliris®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.78 Elivaldogene Autotemcel (Skysona®)

Pharmacy claims for **elivaldogene autotemcel (Skysona®)** will be subject to the following.

- Clinical authorization

Prior Authorization

Pharmacy claims for **elivaldogene autotemcel (Skysona®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

4.3.79 Efgartigimod alfa-fcab (Vyvgart ®), Efgartigimod alfa and Hyaluronidase-qvfc (Vyvgart® Hytrulo)

Pharmacy claims for **efgartigimod alfa-fcab (Vyvgart ®)** and **efgartigimod alfa and hyaluronidase-qvfc (Vyvgart® Hytrulo)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **efgartigimod alfa-fcab (Vyvgart ®)** and **efgartigimod alfa and hyaluronidase-qvfc (Vyvgart® Hytrulo)** must be submitted with a valid diagnosis code.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.80 Enzyme Replacement Agents

Generic Name (Brand Name Example)
Eliglustat Capsule (Cerdelga®)
Imiglucerase Vial (Cerezyme®)
Miglustat Capsule (Zavesca®)
Taliglucerase alfa Vial (Elelyso®)
Velaglucerase alfa Vial (Vpriv®)

Pharmacy claims for select **enzyme replacement** agents will be subject to the following:

- Prior authorization
- Diagnosis code requirement

Prior Authorization

Pharmacy claims for **all non-preferred enzyme replacement** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Diagnosis Code Requirement
Pharmacy claims for **all enzyme replacement** agents require an appropriate diagnosis code entered at POS.

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[GJ1]

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.81 Enzyme Replacement Therapy (ERT) for Mucopolysaccharidosis (MPS) Treatment Agents

Generic Name (Brand Name Example)
Elosulfase Alfa (Vimizim®)
Galsulfase (Naglazyme®)
Idursulfase (Elaprase®)
Laronidase (Aldurazyme™)
Vestronidase Alfa-vjbk (Mepsevii™)

Pharmacy claims for **ERT for MPS treatment** agents will be subject to the following:

- Clinical authorization

Clinical Authorization
Pharmacy claims for **ERT for MPS treatment** agents require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.82 Epinephrine – Self-Administered Agents

Generic Name (Brand Name Example)
Epinephrine Auto-Injector (Adrenaclick®, Auvi-Q®, EpiPen®, EpiPen Jr®)
Epinephrine Nasal Spray (Neffy®)
Epinephrine Syringe (Symjepi®)

Pharmacy claims for **self-administered epinephrine** agents may be subject to the following:

- Prior authorization
- Quantity limit

Prior Authorization

Pharmacy claims for **all non-preferred self-administered epinephrine** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Quantity Limit

Pharmacy claims for **self-administered epinephrine** agents will be subject to a quantity limit.

Generic Name (Brand Name Example)	Quantity Limit per 365 Rolling Days
Epinephrine Auto-Injector (Adrenaclick®, Auvi-Q®, EpiPen®, EpiPen Jr®)	8 syringes (4 boxes of 2 syringes)
Epinephrine Nasal Spray (Neffy®)	8 doses (4 boxes of 2 devices)
Epinephrine Syringe (Symjepi®)	8 syringes (4 boxes of 2 syringes)

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.83 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 **88 (DUR Reject Error)** mapped to EOB Code **457 (Quantity Exceeds 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

4.3.84 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

4.3.85 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)
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

4.3.86 Fabry (-Anderson) Disease Agents

Generic Name (Brand Name Example)
Agalsidase beta (Fabrazyme®)
Migalastat (Galafold™)
Pegunigalsidase alfa-iwxj (Elfabrio®)

Pharmacy claims for **Fabry (-Anderson) Disease** agents will be subject to the following:

- Diagnosis code requirement
- Therapeutic duplication

Diagnosis Code Requirement
Pharmacy claims for **Fabry (-Anderson) Disease** agents require an appropriate diagnosis code entered at POS.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

Therapeutic Duplication
Pharmacy claims for **agalsidase beta injection (Fabrazyme®)** will deny at POS with a therapeutic duplication if there is an active claim for **migalastat (Galafold™).**

Pharmacy claims for **migalastat (Galafold™)** will deny at POS with a therapeutic duplication if there is an active claim for **agalsidase beta injection (Fabrazyme®)**.

Possible Denial EOB Code
EOB code **482** (Therapeutic Duplication) → NCPDP rejection code **88** (DUR Reject Error)

Point of Sale Override
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) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Documentation Required
Override codes must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

4.3.87 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

4.3.88 Finerenone (Kerendia®)

Pharmacy claims for finerenone (Kerendia®) will be subject to the following:

- Clinical authorization

Clinical Authorization
Pharmacy claims for **finerenone (Kerendia®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

4.3.89 Fosdenopterin (Nulibry™)

Pharmacy claims for **fosdenopterin (Nulibry™)** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **fosdenopterin (Nulibry™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.90 Givosiran (Givlaari®)

Pharmacy claims for **givosiran (Givlaari™)** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **givosiran (Givlaari™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.91 Glucagon Agents

Generic Name (Brand Name Example)
Dasiglucagon Auto-Injector, Syringe (Zegalogue™)
Diazoxide Oral Suspension (Proglycem®)
Glucagon Nasal (Baqsimi®)
Glucacon Subcutaneous Pen, Syringe, Vial (Gvoke®)
Glucagon Injection Emergency Kit (Fresenius Kabi)
Glucagon, Human Recombinant Injection, Emergency Kit (Amphastar)

Pharmacy claims for **glucagon** agents are subject to the following:

- Prior authorization
- Quantity limit

Prior Authorization

Pharmacy claims for **all non-preferred glucagon** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Quantity Limit

Pharmacy claims for the following **glucagon** agents are subject to quantity limits as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Dasiglucagon Auto-Injector, Syringe (Zegalogue™)	2 units per 30 days
Glucagon, Human Recombinant Injection	2 units per 30 days
Glucagon, Human Recombinant Injection Emergency Kit (Amphastar)	2 units per 30 days
Glucagon Injection Emergency Kit (Fresenius Kabi)	2 units per 30 days
Glucagon Nasal (Baqsimi®)	2 units per 30 days
Glucacon Subcutaneous Pen, Syringe, Vial (Gvoke®)	2 units per 30 days

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify medical necessity of excessive quantity, the pharmacist may override the denial by submitting the following override codes at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.92 Glucocorticoids - Inhaled Agents

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Albuterol/Budesonide (AirSupra HFA®)	Fluticasone Propionate Inhalation Powder (Armonair® Digihaler™, Flovent® Diskus®)
Beclomethasone Breath-Actuated HFA (QVAR® RediHaler®)	Fluticasone/Salmeterol DPI (Advair® Diskus®, Wixela Inhub®)
Budesonide DPI (Pulmicort® Flexhaler®)	Fluticasone/Salmeterol Inhalation Powder (AirDuo® RespiClick®, Digihaler™)
Budesonide Respules (Pulmicort® Respules®)	Fluticasone/Salmeterol MDI (Advair HFA®)
Budesonide/Formoterol MDI (Symbicort®)	Fluticasone/Umeclidinium/Vilanterol Inh Powder (Trelegy Ellipta®)
Budesonide/Glycopyrrolate/Formoterol Inhalation (Breztri Aerosphere™)	Fluticasone/Vilanterol Inhalation Powder (Breo Ellipta®)
Ciclesonide MDI (Alvesco®)	Mometasone Furoate MDI (Asmanex HFA®)
Fluticasone Furoate Inhalation Powder (Arnuity Ellipta®)	Mometasone Inhalation Powder (Asmanex® Twisthaler®)
Fluticasone MDI (Flovent® HFA)	Mometasone/Formoterol MDI (Dulera®)

Pharmacy claims for **inhaled glucocorticoid** agents will be subject to the following:

- Prior authorization
- Quantity limit

Prior Authorization

Pharmacy claims for all non-preferred **inhaled glucocorticoid** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Quantity Limit

Pharmacy claims for the following **inhaled glucocorticoid** agents will be subject to a quantity limit.

Generic Name (Brand Name Example)	Quantity Limit
Albuterol/Budesonide (AirSupra HFA®)	2 inhalers per 30 days
Beclomethasone Breath-Actuated HFA (QVAR® RediHaler®)	2 inhalers per 30 days
Budesonide DPI (Pulmicort® Flexhaler®)	2 inhalers per 30 days
Budesonide Respules 0.25 mg, 0.5 mg, 1 mg (Pulmicort® Respules®)	2 doses per day
Budesonide/Formoterol MDI (Symbicort®)	1 inhaler per 30 days

Budesonide/Glycopyrrolate/Formoterol Inhalation (Breztri Aerosphere™)	1 inhaler per 30 days
Ciclesonide MDI (Alvesco®)	1 inhaler per 30 days
Fluticasone Furoate Inhalation Powder (Arnuity Ellipta®)	1 inhaler per 30 days
Fluticasone MDI (Flovent® HFA)	2 inhalers per 30 days
Fluticasone Propionate Inhalation Powder (Armonair® Digihaler™)	1 inhaler per 30 days
Fluticasone Propionate Inhalation Powder (Flovent® Diskus®)	1 inhaler per 30 days
Fluticasone/Salmeterol DPI (Advair® Diskus®, Wixela Inhub®)	1 inhaler per 30 days
Fluticasone/Salmeterol Inhalation Powder (AirDuo® RespiClick®)	1 inhaler per 30 days
Fluticasone/Salmeterol Inhalation Powder (AirDuo® Digihaler™)	1 inhaler per 30 days
Fluticasone/Salmeterol MDI (Advair HFA®)	1 inhaler per 30 days
Fluticasone/Umeclidinium/Vilanterol Inh Powder (Trelegy Ellipta®)	1 inhaler per 30 days
Fluticasone/Vilanterol Inhalation Powder (Breo Ellipta®)	1 inhaler per 30 days
Mometasone Furoate MDI (Asmanex HFA®)	1 inhaler per 30 days
Mometasone Inhalation Powder (Asmanex® Twisthaler®)	1 inhaler per 30 days
Mometasone/Formoterol MDI (Dulera®)	1 inhaler per 30 days

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.93 Glucocorticoids – Oral Agents

Generic Name (Brand Name Example)
Budesonide DR Capsule, EC Capsule, ER Capsule (Tarpeyo™, Ortikos™)
Budesonide Suspension (Eohilia™)
Cortisone Acetate
Deflazacort Suspension, Tablet (Emflaza®)*
Dexamethasone Elixir, Intensol Concentrate, Solution, Tablet Dose Pack, Tablet (Hemady®)
Hydrocortisone Capsule, Tablet (Alkindi® Sprinkle, Cortef®)
Methylprednisolone Tablet, Dose Pack (Medrol®)
Prednisolone Solution, Tablet, Tablet Dose Pack (Millipred®)
Prednisolone Sodium Phosphate ODT, Solution (Millipred®)
Prednisone Delayed Release Tablet, Intensol Concentrate, Solution, Tablet, Tablet Dose Pack (Rayos®)

Pharmacy claims for select **oral glucocorticoid** agents will be subject to the following:

- Prior/clinical authorization
- Age limit
- Diagnosis code requirement
- Duration of therapy

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred oral glucocorticoid** agents require prior authorization.

***The above oral glucocorticoid agent requires additional clinical information for prior authorization review.**

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Age Limit
Pharmacy claims for select **oral glucocorticoid** agents are limited for use in recipients who meet specific age requirements as listed in the chart.

Generic Name (Brand Name Example)	Minimum Age
Budesonide Suspension (Eohilia™)	11 years

Possible Denial EOB Code
EOB code **234** (P/F Age Restriction) → NCPDP reject code **60** (Product/Service Not Covered for Patient Age)

Diagnosis Code Requirement
Pharmacy claims for **budesonide suspension (Eohilia™)** require an appropriate diagnosis code entered at POS.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

Duration of Therapy
Pharmacy claims for select **oral glucocorticoid** agents are limited to a duration of therapy.

Generic Name (Brand Name Example)	Maximum Duration of Therapy
Budesonide Suspension (Eohilia™)	12 weeks

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

Possible Denial EOB Code
EOB **656** (Exceeds Maximum Duration of Therapy) → NCPDP reject code **88** (DUR Reject Error)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (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)

4.3.94 Granulocyte Colony Stimulating Factor (GCSF) Agents

Generic Name (Brand Name Example)
Eflapegrastim-xnst (Rolvedon™)
Filgrastim (Neupogen®)
Filgrastim-aafi (Nivestym®)
Filgrastim-ayow (Releuko®)
Filgrastim-sndz (Zarxio®)
Pegfilgrastim (Neulasta®)
Pegfilgrastim-apgf (Nyvepria®)
Pegfilgrastim-bmez (Ziextenzo®)
Pegfilgrastim-cbqv (Udenyca®)
Pegfilgrastim-fpgk (Stimufend®)
Pegfilgrastim-jmdb (Fulphila®)
Pegfilgrastim-pbbk (Fylnetra®)
Sargramostim (Leukine®)
Tbo-filgrastim (Granix®)

Pharmacy claims for **Granulocyte Colony Stimulating Factor (GCSF)** Agents will be subject to the following:

- Prior/clinical authorization

Prior Authorization
Pharmacy claims for **all GCSF** agents require additional clinical information for prior authorization review.

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

Required Prior Authorization form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

EOB code **066** (Clinical Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

4.3.95 Growth Factor Agents

Generic Name (Brand Name Example)
Mecasermin Subcutaneous (Increlex®)
Tesamorelin Acetate Subcutaneous (Egrifta SV®)
Vosoritide Vial (Voxzogo™)

Pharmacy claims for **growth factor** agents will be subject to the following:

- Prior/clinical authorization

Prior/clinical Authorization
Pharmacy claims for **all non-preferred growth factor** agents require prior authorization.

Pharmacy claims for all growth factor agents require additional clinical information for prior authorization review.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.96 Growth Hormones

Generic Name (Brand Name Examples)
Lonapegsomatropin-tcgd (Skytrofa®)
Somapacitan-beco (Sogroya®)
Somatrogon-ghla (Ngenla®)
Somatropin Cartridge, Syringe (Genotropin®, Humatrope®)
Somatropin Pen (Norditropin® FlexPro®)
Somatropin Cartridge, Vial (Omnitrope®)
Somatropin Vial (Saizen®, Serostim®, Zomacton®)

Pharmacy claims for **growth hormone** agents will be subject to the following:

- Prior/clinical authorization

Prior/Clinical Authorization

Pharmacy claims for **all growth hormone** agents require additional clinical information for prior authorization review.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

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

4.3.97 H. Pylori Treatment Agents

Generic Name (Brand Name Example)
Bismuth Subcitrate/Metronidazole/Tetracycline (Pylera®)
Bismuth Subsalicylate/Metronidazole/Tetracycline (Helidac®)
Lansoprazole/Amoxicillin/Clarithromycin (Prevpac®)
Omeprazole/Amoxicillin/Rifabutin (Talicia®)
Omeprazole/Clarithromycin/Amoxicillin (Omeclamox-Pak®)
Vonoprazan (Voquezna®)*
Vonoprazan/Amoxicillin (Voquezna Dual Pak®)
Vonoprazan/Amoxicillin/Clarithromycin (Voquezna Triple Pak®)

**The above H. pylori treatment agent requires additional clinical information for prior authorization review.*

Pharmacy claims for select **H. pylori treatment** agents will be subject to the following:

- Prior/clinical authorization
- Quantity limit
- Therapeutic duplication

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred H. pylori treatment** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for the following **H. pylori treatment** agent will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Vonoprazan (Voquezna®)	30 tablets per 30 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Therapeutic Duplication
An incoming pharmacy claim for **vonoprazan (Voquezna®)** will deny when the recipient has an active prescription* for a **proton pump inhibitor** and **vice versa**.

**An active claim is a claim where the days supply has not expired.*

Possible Denial EOB Code
EOB Code **482** (Therapeutic Duplication – TD) → NCPDP rejection code **88** (DUR Reject Error)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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)

4.3.98 Hemophilia Treatment Agents

Generic Name (Brand Name Example)
Anti-Inhibitor Coagulant Complex (Feiba NF®)
Concizumab-mtci (Alhemo®)
Emicizumab-kxwh (Hemlibra®)
Etranacogene Dezaparvovec-drlb (Hemgenix®)*
Factor IX Complex (PCC) 3-Factor (Profilnine® SD)
Factor IX Human (AlphaNine SD®)
Factor IX Human Recombinant (BeneFIX®, Ixinity®)
Factor IX Human Recomb, GlycoPEGylated (Rebinyn®)
Factor IX Recombinant (Rixubis®)
Factor IX Recombinant, Albumin Fusion (Idelvion®)
Factor IX Recombinant, Fc Fusion Protein (Alprolix®)
Factor VIIa, Recombinant (NovoSeven® RT)
Factor VIIa, (Recombinant)-jncw (Sevenfact®)
Factor VIII (Kovaltry®, Kogenate FS®)
Factor VIII, B-Domain-Deleted (Xyntha®)
Factor VIII, B-Domain-Truncated (Novoeight®)
Factor VIII, Full-Length (Advate®)
Factor VIII, Full-Length PEGylated (Adynovate®)
Factor VIII, HEK B-Domain-Deleted (Nuwiq®)
Factor VIII, Human (Hemofil-M®, Koate DVI®))
Factor VIII, Recombinant, Fc-VWF-XTEN Fusion Protein-ehtl (Altuviiio™)
Factor VIII, Recombinant Glycopegylated-exei (Esperoct®)
Factor VIII, Recombinant, PEGylated-aucl (Jivi®)
Factor VIII, Recombinant Porcine (Obizur®)
Factor VIII, Recombinant (Recombinate®)
Factor VIII, Recombinant, Fc Fusion (Eloctate®)
Factor VIII, Single-Chain, B-Domain Truncated (Afstyla®)
Factor VIII/VWF (Alphanate®, Humate-P®, Wilate®)
Factor X (Coagadex®)
Factor XIII A-Subunit, Recombinant (Tretten®)
Factor XIII Concentrate, Human (Corifact® Kit)
Fidanacogene elaparvovec-dzkt (Beqvez™)*
Marstacimab-hncq (Hympavzi™)
Prothrombin Complex Concentrate Human-lans (Balfaxar®)
Valoctocogene Roxaparvovec-rvox (Roctavian)*
Von Willebrand Factor, Recombinant (Vonvendi®)

**The above hemophilia treatment agents require additional clinical information for prior authorization review.*

Pharmacy claims for **hemophilia treatment** agents may be subject to the following:

- Prior/clinical authorization
- Diagnosis code

Prior/Clinical Authorization

Pharmacy claims for **all non-preferred hemophilia treatment** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Diagnosis Code Requirement

Pharmacy claims for **all hemophilia treatment** agents [except etranacogene dezaparvovec-drlb, (Hemgenix®), fidanacogene elaparvovec-dzkt (Beqvez™) and valoctcogene roxaparvovec-rvox (Roctavian™)] require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Documentation Required

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

Required NCPDP Field

NCPDP **424-DO** field (Diagnosis Code)

Possible Denial EOB Code

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

4.3.99 Hepatitis C – Direct Acting Antiviral Agents

Generic Name (Brand Name Example)
Elbasvir/Grazoprevir (Zepatier®)*
Glecaprevir/Pibrentasvir Pellet Pack, Tablet (Mavyret®)*
Ledipasvir/Sofosbuvir Pellet Pack, Tablet (Harvoni®)*
Sofosbuvir Tablet, Pellet Pack (Sovaldi®)*
Sofosbuvir/Velpatasvir Tablet, Pellet Pack (generic Epclusa®)
Sofosbuvir/Velpatasvir Tablet, Pellet Pack (Epclusa®)*
Sofosbuvir/Velpatasvir/Voxilaprevir Tablet (Vosevi®)*

**The above Hepatitis C – direct acting antiviral agent requires additional clinical information for prior authorization review.*

Pharmacy claims for select **Hepatitis C – direct acting antiviral** agents will be subject to the following:

- Prior/clinical authorization
- Diagnosis code requirement
- Duration of therapy
- Early refill
- Quantity limit

Prior/Clinical Authorization

Pharmacy claims for **all non-preferred Hepatitis C – direct acting antiviral** agents require prior authorization.

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

Required Prior Authorization Forms

Prior authorization requests for **Hepatitis C – direct acting antiviral agents** must be submitted with the following forms:

- Louisiana Uniform Prescription Drug Prior Authorization Form
- Direct-Acting Antiviral (DAA) Agents Used to Treat Chronic Hepatitis C Virus (HCV) Medication Therapy Worksheet
    - https://www.ldh.la.gov/assets/HealthyLa/PDL/3.2019/Hep_C_DAA_Treatment_Worksheet.52419.pdf
- Direct-Acting Antiviral (DAA) Agents Used to Treat Chronic Hepatitis C Virus (HCV) Treatment Agreement
    - https://www.ldh.la.gov/assets/HealthyLa/PDL/3.2019/Hep_C_Patient_Agreement.052419.pdf

Possible Denial EOB Code(s)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Diagnosis Code Requirement

Pharmacy claims for **all Hepatitis C – direct acting antiviral agents** treatment agents require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Documentation Required

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

Required NCPDP Field

NCPDP 424-DO field (Diagnosis Code)

Possible Denial EOB Code

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

Duration of Therapy

Pharmacy claims for select **Hepatitis C – direct acting antiviral** agents are limited to a duration of therapy. Maximum duration for some agents is based on clinical information. Refer to individual prescribing information.

Generic Name (Brand Name Example)	Maximum Duration
Elbasvir/Grazoprevir (Zepatier®)	12 – 16 weeks
Glecaprevir/Pibrentasvir Pellet Pack, Tablet (Mavyret®)	8 – 16 weeks
Ledipasvir/Sofosbuvir Pellet Pack, Tablet (Harvoni®)	12 – 24 weeks
Sofosbuvir Tablet, Pellet Pack (Sovaldi®)	12 – 48 weeks
Sofosbuvir/Velpatasvir Tablet, Pellet Pack (Epclusa®)	12 weeks
Sofosbuvir/Velpatasvir/Voxilaprevir Tablet (Vosevi®)	12 weeks

Possible Denial EOB Code

NCPDP reject code **75** (Prior Authorization Required) mapped to EOB **697** (Exceeds Maximum Duration of Therapy. Please have MD fax override form to 866-797-2329)

Required Prior Authorization Form

The Louisiana Uniform Prescription Drug Prior Authorization Form should be utilized to request duration of therapy limit overrides for both preferred and non-preferred Hepatitis C – direct acting antiviral agents.

Early Refill

Pharmacy claims for **Hepatitis C – direct acting antiviral** agents will not be allowed to process for payment before 89% of the days supply has been exhausted.

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **447** (Early of Late Refill)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **ER** (Overuse/Early Refill)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Quantity Limit

Pharmacy claims for the following **Hepatitis C – direct acting antiviral** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Elbasvir/Grazoprevir (Zepatier®) 50mg/100mg tablet	28 tablets
Glecaprevir/Pibrentasvir Pellet Pack, Tablet (Mavyret®) 50mg/20mg oral pellet packets	168 packets
Glecaprevir/Pibrentasvir Pellet Pack, Tablet (Mavyret®) 100mg/40mg tablet	84 tablets
Ledipasvir/Sofosbuvir Pellet Pack, Tablet (Harvoni®) 33.75mg/150mg packet	28 packets
Ledipasvir/Sofosbuvir Pellet Pack, Tablet (Harvoni®) 45mg/200mg packet	56 packets
Ledipasvir/Sofosbuvir Pellet Pack, Tablet (Harvoni®) 45mg/200mg tablet	56 tablets
Ledipasvir/Sofosbuvir Pellet Pack, Tablet (Harvoni®) 90mg/400mg tablet	28 tablets
Sofosbuvir Tablet, Pellet Pack (Sovaldi®) 150mg packet	28 tablets
Sofosbuvir Tablet, Pellet Pack (Sovaldi®) 200mg packet	56 packets
Sofosbuvir Tablet, Pellet Pack (Sovaldi®) 200mg tablet	56 tablets
Sofosbuvir Tablet, Pellet Pack (Sovaldi®) 400mg tablet	28 tablets
Sofosbuvir/Velpatasvir Tablet, Pellet Pack (Epclusa®) 150mg/37.5mg oral pellet packets	28 packets
Sofosbuvir/Velpatasvir Tablet, Pellet Pack (Epclusa®) 200mg/50mg oral pellet packets	56 packets
Sofosbuvir/Velpatasvir Tablet, Pellet Pack (Epclusa®) 200mg/50mg tablet	56 tablets
Sofosbuvir/Velpatasvir Tablet, Pellet Pack (Epclusa®) 400mg/100mg tablet	28 tablets
Sofosbuvir/Velpatasvir/Voxilaprevir Tablet (Vosevi®) 400mg/100mg/100mg tablet	28 tablets

Sofosbuvir/Velpatasvir (AG for Epclusa®) and Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®) may be dispensed in quantities that are multiples of 28 (e.g. 28 tablets, 56 tablets or 84 tablets) for a total duration of 12 weeks.

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Required Prior Authorization Form

With the exception of generic sofosbuvir/velpatasvir (AG for Epclusa®), the Louisiana Uniform Prescription Drug Prior Authorization Form should be utilized to request quantity limit overrides for Hepatitis C – direct acting antiviral agents.

Point of Sale Override for Sofosbuvir/Velpatasvir (AG for Epclusa®)

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.100 Hepatitis C – Not Direct Acting Antiviral Agents

Generic Name (Brand Name Example)
Peginterferon alfa 2a Syringe, Vial (Pegasys®)
Ribavirin Capsule, Tablet

Pharmacy claims for select **Hepatitis C - not direct acting antiviral** agents will be subject to the following:

- Prior authorization
- Diagnosis code requirement

Prior Authorization

Pharmacy claims for **all non-preferred Hepatitis C - not direct acting antiviral** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Diagnosis Code Requirement

Pharmacy claims for **all Hepatitis C - not direct acting antiviral** treatment agents require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.101 Hereditary Angioedema (HAE) Agents

Generic Name (Brand Name Example)
Berotralstat Hydrochloride (Orladeyo®)
C1 Esterase Inhibitor Intravenous (Berinert®, Cinryze®)
C1 Esterase Inhibitor, Recombinant (Ruconest®)
C1 Esterase Inhibitor Subcutaneous (Haegarda®)
Ecallantide Subcutaneous (Kalbitor®)
Icatibant Acetate Subcutaneous (Firazyr®)
Lanadelumab-flyo Subcutaneous Syringe, Vial (Takhzyro®)

Pharmacy claims for **Hereditary Angioedema (HAE)** agents will be subject to the following:

- Prior/clinical authorization

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred HAE** agents require prior authorization.

All HAE agents require additional clinical information for prior authorization review.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.102 Idiopathic Pulmonary Fibrosis Treatment Agents

Generic Name (Brand Name Example)
Nintedanib Capsule (Ofev®)*
Pirfenidone Capsule, Tablet (Esbriet®)*

Pharmacy claims for **idiopathic pulmonary fibrosis treatment** agents will be subject to the following:

- Prior/clinical authorization
- Quantity limit

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred idiopathic pulmonary fibrosis treatment** agents require prior authorization.

***The above idiopathic pulmonary fibrosis treatment agents require additional clinical information for prior authorization review.**

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for the following **idiopathic pulmonary fibrosis treatment** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Pirfenidone (Esbriet®)	90 capsules/tablets per 30 days
Nintedanib (Ofev®)	60 capsules per 30 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.103 Immune Globulin Agents

Generic Name (Brand Name Example)
Cytomegalovirus IG IV [(Human) Cytogam®]
Hepatitis B IG Intravenous [(Human) HepaGam B®]
Hepatitis B IG Syringe [(Human) HyperHEP B® S/D, Nabi-HB]
Hepatitis B IG Vial [(Human) HyperHEP B® S/D, Nabi-HB]
IG Infusion [(Human) Hyqvia®]
IG Injection [(Human) Gamunex®-C, Gammaked™]
IG Intravenous [(Human) Bivigam®, Flebogamma® DIF, Gammagard, Gammaplex®, Octagam®, Privigen®]
IG Intravenous [(Human-ifas) Panzyga®]
IG Intravenous [(Human-slra) Asceniv™]
IG Intravenous [(Human-stwk) Alyglo™]
IG Subcutaneous Syringe, Vial [(Human) Cuvitru®, Hizentra®]
IG Subcutaneous [(Human-hipp) Cutaquig®]
IG Subcutaneous [(Human-klhw) Xembify®]
IG Vial [(Human) GamaSTAN®]
Rabies IG [(Human) HyperRAB®, Kedrab™]
Tetanus IG Syringe (HyperTET®)
Varicella Zoster IG [(Human) Varizig®]

Pharmacy claims for **immune globulin** agents will be subject to the following:

- Prior/clinical authorization

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred immune globulin** agents require prior authorization.

All immune globulin agents require additional clinical information for prior authorization review.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.104 Immunomodulator Topical Agents

Generic Name (Brand Name Example)
Imiquimod Cream (Zyclara®)
Podofilox Gel, Solution (Condylox®)
Sinecatechins (Veregen®)
Sirolimus (Hyftor™)*

Pharmacy claims for select **topical immunomodulator** agents will be subject to the following:

- Prior/clinical authorization
- Diagnosis code requirement

Prior/Clinical Authorization

Pharmacy claims for **all non-preferred topical immunomodulator** agents require prior authorization.

***The above topical immunomodulator agent requires additional clinical information for prior authorization review.**

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Diagnosis Code Requirement

Pharmacy claims for **imiquimod** require an appropriate diagnosis code entered at POS.

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[GJ1]

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.105 Immunosuppressive Agents

Generic Name (Brand Name Example)
Avacopan Capsule (Tavneos™)
Azathioprine Tablet (Azasan®; Imuran®)
Belumosudil Tablet (Rezurock™)*
Cyclosporine Capsule, Solution (Sandimmune®)
Cyclosporine Capsule, Softgel, Solution – MODIFIED (Neoral®)
Everolimus Tablet (Zortress®)
Mycophenolate Mofetil Capsule, Suspension, Tablet (CellCept®)
Mycophenolic Acid as Mycophenolate Sodium (Myfortic®)
Sirolimus Solution, Tablet (Rapamune®)
Tacrolimus Capsule, ER Capsule, ER Tablet, Granule Packet (Astagraf® XL, Envarsus® XR, Prograf®)

**The above immunosuppressive agent requires additional clinical information for prior authorization review.*

Pharmacy claims for select **immunosuppressive** agents may require the following:

- Prior/clinical authorization
- Medicare Part B eligibility

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred immunosuppressive** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Medicare Part B Eligibility
When a Medicare eligible beneficiary receives a Medicare Part B covered transplant, Medicare Part B will cover pharmacy claims for oral immunosuppressive medications.

Providers must be enrolled as Medicare suppliers and must bill Medicare first if the beneficiary receives Medicare benefits. Medicaid will pay any applicable deductibles and coinsurances. Medicaid will only pay a crossover claim for beneficiaries who are Qualified Medicare Beneficiaries (QMBs) when the service is covered by Medicaid.

When a Fee for Service (FFS) Medicaid beneficiary's prescription is filled for an immunosuppressive agent and the individual is not an organ transplant beneficiary or Medicare Part B did not cover the transplant, the pharmacy claim will be reimbursed by FFS Medicaid.

Medicare Advantage (Part C) Eligibility
Coinsurance and deductibles are reimbursed through the POS system for immunosuppressive agents when a dual-eligible individual is enrolled in the Part C Plan. The claims must be submitted to the Part C Plan for payment prior to submitting to Medicaid as a coordinated claim.

Possible Denial EOB Code(s)
EOB code **275** (Recipient Medicare Eligibility) → NCPDP rejection code **41** (Submit Bill to Other Processor or Primary Payer)
EOB code **330** (Recipient Not Medicaid Eligible) → NCPDP rejection code **AE** (QMB [Qualified Medicare Beneficiary] Bill Medicare)
EOB code **346** (Bill Medicare Part B for Qualified Service Otherwise Part D) → NCPDP rejection code **41** (Submit Bill to Other Processor or Primary Payer)
EOB code **448** (Need Transplant Date) → NCPDP rejection code **M5** (Requires Manual Claim)
EOB code **536** (Bill Medicare Part B Carrier) → NCPDP rejection code **41** (Submit Bill to Other Processor or Primary Payer)
EOB code **988** (Item Covered by Medicare) → NCPDP rejection code **41** (Submit Bill to Other Processor or Primary Payer)

4.3.106 Incretin Mimetic/Enhancer Agents

Generic Name (Brand Name Example)
Alogliptin Tablet (Nesina®)
Alogliptin/Metformin Tablet (Kazano®)
Alogliptin/Pioglitazone Tablet (Oseni®)
Dulaglutide Pen (Trulicity®)*
Empagliflozin/Linagliptin/Metformin Tablet (Trijardy™ XR)
Exenatide Microspheres ER Auto-Injector (Bydureon BCise®)*
Linagliptin Tablet (Tradjenta®)
Linagliptin/Empagliflozin (Glyxambi®)
Linagliptin/Metformin Tablet, Tablet ER (Jentadueto®, Jentadueto XR®)
Liraglutide Pen (Victoza®)*
Liraglutide/Insulin Degludec (Xultophy®)*
Lixisenatide/ Insulin Glargine (Soliqua®)*
Pramlintide Pen (SymlinPen®)
Saxagliptin Tablet (Onglyza®)
Saxagliptin/Dapagliflozin Tablet (Qtern®)
Saxagliptin/Metformin ER Tablet (Kombiglyze XR®)
Semaglutide Pen, Tablet (Ozempic®, Rybelsus®)*
Sitagliptin Tablet (Zituvio™)
Sitagliptin/Metformin ER Tablet, Tablet (Zituvimet XR™, Zituvimet™)
Sitagliptin Phosphate Tablet (Januvia®)
Sitagliptin Phosphate/Ertugliflozin Tablet (Steglujan®)
Sitagliptin Phosphate/Metformin Tablet, Tablet ER (Janumet®, Janumet XR®)
Tirzepatide Pen (Mounjaro®)*

**The above incretin mimetic/enhancer agents require additional clinical information for prior authorization review.*

Pharmacy claims for select **incretin mimetic/enhancer** agents may be subject to the following:

- Prior/clinical authorization
- Age limit
- Diagnosis code requirement
- Maximum daily dose limit
- Prior use of other medication
- Quantity limit
- Therapeutic duplication

Prior/Clinical Authorization

Pharmacy claims for **all non-preferred incretin mimetic/enhancer** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Age Limit

Pharmacy claims for select **incretin mimetic/enhancer** agents are limited for use in recipients who meet specific age requirements** as listed in the chart.

Generic Name (Brand Name Example)	Minimum Age
Dulaglutide (Trulicity®)	10 years
Exenatide (Bydureon® BCise®)	10 years
Exenatide (Byetta®)	18 years
Liraglutide (Victoza®)	10 years
Semaglutide (Ozempic®, Rybelsus®)	18 years
Tirzepatide (Mounjaro®)	18 years

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

**Use of these agents for recipients below the minimum age will require a letter of medical necessity submitted with a clinical authorization.

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 Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Diagnosis Code Requirement

Pharmacy claims for select **incretin mimetic/enhancer** agents require an appropriate diagnosis code entered at POS as listed in the chart.

Generic Name (Brand Name Example)
Dulaglutide (Trulicity®)
Exenatide (Bydureon BCise®)
Liraglutide (Victoza®)
Liraglutide/Insulin Degludec (Xultophy®)
Lixisenatide (Adlyxin®)
Lixisenatide/ Insulin Glargine (Soliqua®)

Semaglutide Pen, Tablet (Ozempic®, Rybelsus®)
Tirzepatide (Mounjaro®)

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Documentation Required

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

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

Possible Denial EOB Code

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

Maximum Dose Limit

Pharmacy claims for select **incretin mimetic/enhancer** agents are limited to a maximum daily dose.

Generic Name (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 BCise®)*	2mg/week
Linagliptin (Tradjenta®)	5mg/day
Linagliptin/Metformin (Jentadueto®, Jentadueto XR®)	5mg/2000mg per day
Liraglutide (Victoza®)*	1.8mg/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®)*	2mg/week
Sitagliptin/Metformin (Janumet®, Janumet XR®)	100mg/2000mg per day
Sitagliptin/Metformin (Zituvimet™, Zituvimet XR™)	100mg/2000mg per day

A maximum dose limit override for the above **incretin mimetic/enhancer agents must be addressed with a prior authorization.*

Possible Denial EOB Code(s)

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB **529** (High-Dose Exceeds Max Daily)

*NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB Code **153** (Quantity Exceeds Max-MD Fax Override Form 866-797-2329)

Maximum Dose Limit Override for Incretin Mimetic/Enhancer Agents

*A maximum dose limit override for the above **incretin mimetic/enhancer** agents must be addressed with a prior authorization.

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 Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Maximum Dose Limit Point of Sale Override for Other Incretin Mimetic/Enhancer Agents

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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)

Prior Use of Other Medication

Pharmacy claims for **empagliflozin/linagliptin/metformin (Trijardy® XR)** will require:

- At least a 60-day supply of empagliflozin/linagliptin/metformin (Trijardy® XR) in the previous 90-day period, **OR**
- At least a 90-day supply of **ONE** of the following in the previous 180 days period:
  - Metformin **AND either** a dipeptidyl peptidase-4 inhibitors (DPP-4) **or** a sodium-glucose cotransporter-2 inhibitor (SGLT2); **OR**
  - Combination DPP-4/metformin **or** SGLT2/metformin

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB **080** (Required prior use of metformin with DPP4 or SGLT2)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **PP** (Plan Protocol)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Quantity Limit

Pharmacy claims for select **incretin mimetic/enhancer** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Dulaglutide (Trulicity®)*	1 syringe per week
Empagliflozin/Linagliptin/Metformin (Trijardy® XR) 5 mg/2.5 mg/1000 mg	60 tablets per 30 days
Empagliflozin/Linagliptin/Metformin (Trijardy® XR) 10 mg/5 mg/1000 mg	30 tablets per 30 days
Empagliflozin/Linagliptin/Metformin (Trijardy® XR) 12.5 mg/2.5 mg/1000 mg	60 tablets per 30 days
Empagliflozin/Linagliptin/Metformin (Trijardy® XR) 25 mg/5 mg/1000 mg	30 tablets per 30 days
Semaglutide (Rybelsus®)*	30 tablets per 30 days
Sitagliptin (Januvia®, Zituvio®)	30 tablets per 30 days
Tirzepatide (Mounjaro™)*	1 syringe per week

A quantity limit denial override for the above **incretin mimetic/enhancer agents must be addressed with a prior authorization.*

Possible Denial EOB Code(s)

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

*NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB Code **153** (Quantity Exceeds Max-MD Fax Override Form 866-797-2329)

Quantity Limit Override for Incretin Mimetic/Enhancer Agents

*A quantity limit denial override for the above **incretin mimetic/enhancer** agents must be addressed with a prior authorization.

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 Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Quantity Limit Point of Sale Override for Other Incretin Mimetic/Enhancer Agents

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Therapeutic Duplication

Glucose-like peptide-1 (GLP-1) receptor agonists are monitored at the pharmacy POS for duplication of therapy with **other GLP-1 receptor agonists** and/or **DPP-4 inhibitors**. Conversely, **DPP-4 inhibitors** are monitored at the pharmacy POS for duplication of therapy with **other DPP-4 inhibitors** and/or **GLP-1 receptor agonists**.

Empagliflozin/Linagliptin/Metformin (Trijardy® XR) is monitored at the pharmacy POS for duplication of therapy with **DPP-4 inhibitors**. Conversely, **DPP-4 inhibitors** are monitored at the pharmacy POS for duplication of therapy with **empagliflozin/linagliptin/metformin (Trijardy® XR)**.

Empagliflozin/Linagliptin/Metformin (Trijardy® XR) is monitored at the pharmacy POS for duplication of therapy with **SGLT2s**. Conversely, **SGLT2s** are monitored at the pharmacy POS for duplication of therapy with **empagliflozin/linagliptin/metformin (Trijardy® XR)**.

Possible Denial EOB Code(s)

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **482** (Therapeutic Duplication – TD)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **502** (Therapeutic Dup, MD to Fax PA Form to 866-797-2329)

Therapeutic Duplication Override for GLP-1 Receptor Agonist with Another GLP-1 Receptor Agonist and DPP-4 Inhibitor Agents

Therapeutic duplication denial overrides for **GLP-1 receptor agonists with another GLP-1 receptor agonts and/or DPP-4 inhibitor** agents must be addressed with a prior authorization.

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 Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Therapeutic Duplication Override for Empagliflozin/Linagliptin/Metformin (Trijardy® XR) with a DPP-4 Inhibitor and/or SGLT2 Agent

Point of Sale Override

The pharmacist may override the therapeutic duplication denial after consultation with the prescriber.

This consultation is necessary to confirm that:

1. The prescriber is aware of the current antihyperglycemic claim and/or
2. The addition of a different antihyperglycemic is necessary (i.e. change in therapy).

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)

4.3.107 Insulin Agents

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Insulin Vial OTC (Humulin® N; Humulin® R)	Insulin Glulisine Pen, Vial (Apidra® SoloStar®; Apidra®)
Insulin Regular Pen, Vial (Humulin® R U-500)	Insulin Human Pen OTC, Vial OTC (Novolin® N; Novolin® R)
Insulin Aspart Cartridge, Pen, Vial (Fiasp®, Novolog®)	Insulin Human Pen OTC (Humulin® N Kwikpen®)
Insulin Aspart Protamine/Aspart Pen, Vial (Novolog Mix 70/30®)	Insulin Human in 0.9% Sodium Chloride Piggyback IV (Myxredlin®)
Insulin Degludec Pen, Vial (Tresiba® FlexTouch®; Tresiba®)	Insulin Human Inhalation Powder Cartridge (Afrezza®)
Insulin Detemir Pen, Vial (Levemir®)	Insulin Isophane (NPH)/Insulin Regular Pen, Vial OTC (Humulin® 70/30)
Insulin Glargine U-100 (Basaglar® KwikPen®; Basaglar® Tempo PenTM)	Insulin Isophane (NPH)/Insulin Regular Pen OTC, Vial OTC (Novolin® 70/30)
Insulin Glargine Pen, Vial (Lantus® SoloStar®; Lantus®)	Insulin Lispro Cartridge, Pen, Vial (Humalog®)
Insulin Glargine Pen (Toujeo® Solostar®, Toujeo® Max Solostar®)	Insulin Lispro Pen, Vial (Admelog® SoloStar®; Admelog®, Humalog® KwikPen®)
Insulin Glargine-aglr (Rezvoglar® KwikPen®)	Insulin Lispro-aabc Pen, Vial (Lyumjev® KwikPen®; Lyumjev® Tempo Pen™, Lyumjev®)
Insulin Glargine-yfgn Pen, Vial (Semglee®)	Insulin Lispro Protamine/Insulin Lispro Pen, Vial (Humalog® Mix)

Pharmacy claims for **insulin** agents will be subject to the following:

- Prior authorization
- Quantity limit

Prior Authorization

Pharmacy claims for all non-preferred **insulin** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Quantity Limit

Pharmacy claims for the following **insulin** agents will be subject to a quantity limit.

Generic Name (Brand Name Example)	Quantity Limit
Insulin Aspart Cartridge, Pen, Vial (Novolog®)	Cartridge/Pen: 45 mL per 30 days Vial: 50 ml per 30 days
Insulin Aspart Protamine/Aspart Pen, Vial (Novolog Mix 70/30®)	Pen: 45 mL per 30 days Vial: 50 mL per 30 days
Insulin Glargine Pen, Vial (Lantus® SoloStar®; Lantus®)	Pen: 45 mL per 30 days Vial: 50 mL per 30 days
Insulin Glulisine Pen, Vial (Apidra® SoloStar®; Apidra®)	Pen: 45 mL per 30 days Vial: 50 ml per 30 days
Insulin Vial OTC (Humulin® N; Humulin® R)	50 mL per 30 days
Insulin Regular 500 units/mL Pen, Vial (Humulin® R U-500)	Pen: 18 ml per 30 days Vial: 20 ml per 30 days
Insulin Isophane (NPH)/Insulin Regular Pen, Vial OTC (Humulin® 70/30)	Pen: 45 mL per 30 days Vial: 50 ml per 30 days
Insulin Lispro (Humalog® Junior KwikPen®)	45 mL per 30 days
Insulin Lispro Cartridge (Humalog®)	45 mL per 30 days
Insulin Lispro Pen (Humalog® KwikPen® U-100)	45 mL per 30 days
Insulin Lispro Vial (Humalog®)	50 mL per 30 days
Insulin Lispro Protamine/Insulin Lispro KwikPen	45 mL per 30 days
Insulin Lispro Protamine/Insulin Lispro Pen, Vial (Humalog® Mix)	Pen: 45 mL per 30 days Vial: 50 ml per 30 days
Insulin Aspart Cartridge, Pen, Vial (Fiasp® Penfill®/PumpCart®/FlexTouch®; Fiasp®)	Cartridge/Pen: 45 mL per 30 days Vial: 50 ml per 30 days
Insulin Degludec Pen, Vial (Tresiba® FlexTouch®; Tresiba®)	Pen: 45 mL per 30 days Vial: 50 ml per 30 days
Insulin Detemir Pen, Vial (Levemir®)	Pen: 45 mL per 30 days Vial: 50 ml per 30 days
Insulin Glargine U-100 (Basaglar® KwikPen®; Basaglar® Tempo PenTM)	45 mL per 30 days
Insulin Glargine-aglr (Rezvoglar® KwikPen®)	45 mL per 30 days
Insulin Glargine-yfgn Pen, Vial (Semglee®)	Pen: 45 mL per 30 days Vial: 50 ml per 30 days
Insulin Glargine Pen (Toujeo® Solostar®, Toujeo® Max Solostar®)	9 mL per 30 days
Insulin Lispro Pen, Vial (Admelog® SoloStar®; Admelog®)	Pen: 45 mL per 30 days Vial: 50 ml per 30 days
Insulin Lispro Pen (Humalog® KwikPen® U-200; Humalog® Tempo Pen™ U-100)	45 mL per 30 days
Insulin Lispro-aabc Pen, Vial (Lyumjev® KwikPen®; Lyumjev® Tempo Pen™, Lyumjev®)	Pen: 45 mL per 30 days Vial: 50 ml per 30 days
Insulin Isophane (NPH)/Insulin Regular Pen OTC, Vial OTC (Novolin® 70/30)	Pen: 45 mL per 30 days Vial: 50 ml per 30 days

Insulin Human Pen OTC, Vial OTC (Novolin® N; Novolin® R)	Pen: 45 mL per 30 days Vial: 50 ml per 30 days
Insulin Human Inhalation Powder Cartridge (Afrezza®)	4 unit: 9 cartridges per day 8 unit: 6 cartridges per day 12 unit: 3 cartridges per day 4 & 8 unit: 6 cartridges per day* 4, 8, & 12 unit: 6 cartridges per day* 8 &12 unit: 6 cartridges per day* *Allow 1 fill per 180 days
Insulin Human Pen OTC (Humulin® N Kwikpen®)	45 mL per 30 days

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.108 Interferon – Other Agents

Generic Name (Brand Name Example)
Interferon Alfa-2B Recombinant (Intron-A®)
Interferon Gamma-1b (Actimmune®)
Peginterferon alfa-2b (Sylatron®)
Ropeginterferon alfa-2b-njft (Besremi®)

Pharmacy claims for other **interferon** agents will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **all other interferon** treatment agents require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.109 Iptacopan (Fabhalta®)

Pharmacy claims for **iptacopan (Fabhalta®)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **iptacopan (Fabhalta®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.110 Iron Overload Treatment Agents

Generic Name (Brand Name Example)
Deferasirox (Exjade®, Jadenu®)
Deferiprone (Ferriprox®)

Pharmacy claims for **iron overload treatment** agents will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **iron overload treatment** agents require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.111 Ivabradine (Corlanor®)

Pharmacy claims for **ivabradine (Corlanor®)** will be subject to the following.

- Prior/clinical authorization

Prior/Clinical Authorization
Pharmacy claims for **ivabradine (Corlanor®)** require additional clinical information for prior authorization review.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.112 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
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

4.3.113 Lefamulin (Xenleta®)

Pharmacy claims for **lefamulin (Xenleta®)** will be subject to the following:

- Prior/clinical authorization

Prior/Clinical Authorization
Pharmacy claims for **lefamulin (Xenleta®)** require prior authorization.

Lefamulin (Xenleta®) requires additional clinical information for prior authorization review.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required)→ NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.114 Leniolisib (Joenja®)

Pharmacy claims for **Leniolisib (Joenja®)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **Leniolisib (Joenja®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.115 Lipotropic Agents

Generic Name (Brand Name Example)
Alirocumab Subcutaneous Pen (Praluent®)*
Bempedoic Acid Tablet (Nexletol™)
Bempedoic Acid and Ezetimibe Tablet (Nexlizet™)
Cholestyramine/Aspartame Packet, Powder
Cholestyramine/Sucrose Packet, Powder (Questran®)
Colesevelam Powder Pack, Tablet (Welchol®)
Colestipol Granules, Tablet (Colestid®)
Evinacumab-dgnb Vial (Evkeeza®)*
Evolocumab Auto-Injector, Cartridge, Prefilled Syringe (Repatha®)*
Ezetimibe (Zetia®)
Fenofibrate Capsule, Tablet (Fenoglide®, Lipofen®, Lofibra®)
Fenofibrate Capsule Micronized (Antara®)
Fenofibrate Tablet Nanocrystallized (Tricor®)
Fenofibric Acid Tablet (Fibricor®)
Fenofibric Acid Choline Capsule (Trilipix®)
Gemfibrozil Tablet (Lopid®)
Icosapent Ethyl Capsule (Vascepa®)
Inclisiran Syringe (Leqvio®)*
Lomitapide Capsule (Juxtapid®)*
Niacin ER Tablet
Omega-3-acid Ethyl Esters Capsule (Lovaza®)

Pharmacy claims for select **lipotropic** agents may require the following:

- Prior/clinical prior authorization
- Quantity limit

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred lipotropic** agents require prior authorization.

***The above lipotropic agents require additional clinical information for prior authorization review.**

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for the following **lipotropic** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Alirocumab (Praluent®)	2 injections (2mls) per 28 days
Evolocumab (Repatha®) 140mg/ml	2 injections (2mls) per 28 days
Evolocumab (Repatha®) 420mg/3.5ml	2 injections (7mls) per 28 days
Inclisiran (Leqvio®)	3 injections (4.5mls) per 365 days
Lomitapide (Juxtapid®)	60 capsules per 30 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.116 Lithium

Pharmacy claims for **lithium** will be subject to the following:

- Behavioral health clinical authorization for ages less than 7 years

Behavioral Health Clinical Authorization Requirement for Ages Less Than 7 Years
Pharmacy claims for **lithium** for recipients less than 7 years old will be reimbursed at POS when the prescriber has obtained an approved clinical authorization.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.117 Lumasiran (Oxlumo®)

Pharmacy claims for **Lumasiran (Oxlumo®)** will be subject to the following:

- Clinical authorization

Clinical Authorization

Pharmacy claims for **Lumasiran (Oxlumo®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

EOB code **066** (Clinical Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

4.3.118 Lupus Immunomodulator Agents

Generic Name (Brand Name Example)
Anifrolumab-fnia Vial (Saphnelo®)*
Belimumab Auto-Injector, IV, Syringe, Vial (Benlysta®)*
Voclosporin Capsule (Lupkynis®)*

Pharmacy claims for **Lupus immunomodulator** agents will be subject to the following:

- Prior/clinical authorization

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred Lupus immunomodulator** agents require prior authorization.

***All Lupus immunomodulator agents require additional clinical information for prior authorization review.**

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.119 Mavacamten (Camzyos™)

Pharmacy claims for **mavacamten (Camzyos™)** will be subject to the following:

- Clinical authorization
- Quantity limit

Clinical Authorization
Pharmacy claims for **mavacamten (Camzyos™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for **mavacamten (Camzyos™)** are subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Mavacamten (Camzyos™)	30 capsules per 30 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.120 Mavorixafor (Xolremdi™)

Pharmacy claims for **mavorixafor (Xolremdi™)** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **mavorixafor (Xolremdi™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.121 Methotrexate Agents

Generic Name (Brand Name Example)
Methotrexate Auto-Injector (Otrexup®,Rasuvo®)*
Methotrexate PF Syringe (RediTrex®)*
Methotrexate PF Vial, Vial
Methotrexate Solution, Tablet (Xatmep®, Trexall™)

Pharmacy claims for select **methotrexate** agents will be subject to the following:

- Prior/clinical authorization

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred methotrexate** agents require prior authorization.

***The above methotrexate agents require additional clinical information for prior authorization review.**

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

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Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.122 Mifepristone (Korlym®)

Pharmacy claims for **mifepristone (Korlym®)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **mifepristone (Korlym®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.123 Mitapivat (Pyrukynd®)

Pharmacy claims for **mitapivat (Pyrukynd®)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **mitapivat (Pyrukynd®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.124 Mosquito Repellent Coverage

Prescriptions for select **mosquito repellent** agents 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 agents:

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 mosquito repellant agents **other than** the mosquito repellents listed in the chart will deny.

Possible Denial EOB Code
EOB code **231** (NDC not on file) → NCPDP rejection code **54** (Non-Matched Product/Service ID Number)

Age Limit
Pharmacy claims for mosquito repellent agents submitted for female (not pregnant) or male recipients **less than 14 or greater than 44** will deny at Point of Sale.
Possible Denial EOB Code

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

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.

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

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.

Possible Denial EOB Code
EOB Code **101** (NDC does not have reimbursement rate on file, please call Myers and Stauffer at 1-800-591-1183 for assistance) → NCPDP rejection code **DN** (M/I Basis of Cost)

4.3.125 Movement Disorder Agents

Generic Name (Brand Name Example)
Deutetrabenazine (Austedo®)
Tetrabenazine (Xenazine®)
Valbenazine (Ingrezza®)

Pharmacy claims for **movement disorder** agents will be subject to the following:

- Prior/clinical authorization

Prior/Clinical Authorization
Pharmacy claims for **all movement disorder** agents require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

EOB code **066** (Clinical Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

4.3.126 Multiple Sclerosis (MS) Treatment Agents

Generic Name (Brand Name Example)
Alemtuzumab Vial (Lemtrada®)
Cladribine Tablet (Mavenclad®)
Dalfampridine ER Tablet (Ampyra®)
Dimethyl Fumarate Capsule, DR Capsule (Tecfidera®)
Diroximel Fumarate Capsule (Vumerity®)
Fingolimod Capsule (Gilenya®)
Fingolimod Lauryl Sulfate Orally Disintegrating Tablet (Tascenso ODT™)
Glatiramer Acetate Syringe (Copaxone®)
Interferon β-1a Auto-Injector, Pen, Syringe, Vial (Avonex®, Rebif®, Rebidose®)
Interferon β-1b Vial (Betaseron®, Extavia®)
Monomethyl Fumarate Capsule (Bafiertam®)
Natalizumab Vial (Tysabri®)
Ocrelizumab Vial (Ocrevus®)
Ocrelizumab and Hyaluronidase-ocsq (Ocrevus Zunovo™)*
Ofatumumab Pen (Kesimpta®)
Ozanimod Capsule (Zeposia®)
Peginterferon β -1a IM, Subcutaneous (Plegridy®)
Ponesimod Tablet (Ponvory®)
Siponimod Tablet (Mayzent®)
Teriflunomide Tablet (Aubagio®)
Ublituximab-xiiy Vial (Briumvi®)

**The above MS treatment agent requires additional clinical information for prior authorization review.*

Pharmacy claims for select **Multiple Sclerosis (MS) treatment** agents will be subject to the following:

- Prior/clinical authorization
- Quantity limit

Prior/Clinical Authorization

Pharmacy claims for **all non-preferred MS treatment** agents require additional clinical information for prior authorization review.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Quantity Limit

Pharmacy claims for select **MS treatment** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Diroximel fumarate (Vumerity®)	120 capsules per 30 days

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.127 Narcotic Analgesics – Long-Acting Agents

Generic Name (Brand Name Example)
Buprenorphine Buccal Film, Transdermal (Belbuca®, Butrans®)
Fentanyl Transdermal
Hydrocodone Bitartrate ER Capsule, ER Tablet (Hysingla ER®, Zohydro ER®)
Hydromorphone ER Tablet
Methadone*
Morphine Sulfate ER Capsule, ER Tablet (Avinza®, Kadian®, MS Contin®)
Oxycodone ER Tablet (OxyContin®)
Oxycodone Myristate Capsule (Xtampza® ER)
Oxymorphone ER Tablet
Tapentadol ER Tablet (Nucynta ER®)
Tramadol ER Capsule, ER Tablet (Conzip®, Ryzolt®, Ultram ER®)

**The above long-acting narcotic analgesic agent requires additional clinical information for prior authorization review.*

Pharmacy claims for select **long-acting narcotic analgesic** agents will be subject to the following:

- Prior/clinical authorization
- Age limit
- Concurrent use
- Diagnosis code requirement
- Drug to drug interaction
- Early refill limit
- Maximum dose limit
- Morphine milligram equivalent (MME) limit
- Partial filling of schedule II agents
- Previous use requirement
- Quantity limit
- Therapeutic duplication

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred long-acting narcotic analgesic** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Age Limit
Pharmacy claims for **long-acting tramadol** agents are limited to use in recipients who are at least **12 years of age**.

Pharmacy claims for **long-acting tramadol** agents for recipients **12-17 years of age** will deny.

Age Limit Override
An override for an age limit denial for **long-acting tramadol** agents for recipients 12-17 years of age must be addressed with a clinical authorization.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **234** (P/F Age Restriction) → NCPDP reject code **60** (Product/Service Not Covered for Patient Age)
EOB code **066** (Clinical Authorization Required) → NCPDP reject code **75** (Prior Authorization Required)

Concurrent Use with Benzodiazepine Agents
Incoming pharmacy claims for **long-acting narcotic analgesic** agents will deny when the recipient has an active prescription* for a **benzodiazepine** agent.

**An active prescription is a prescription in which the days supply has not expired.*

Bypass Diagnosis Exemptions for Concurrent Use Requirement
Pharmacy claims for any **long-acting narcotic analgesic**, when submitted with a diagnosis code for **cancer** or **palliative end-of-life care**, will bypass the restriction on concurrent use of opioids with benzodiazepines.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **AT** (Additive Toxicity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Possible Denial EOB Code
EOB code **423** (Potential Additive Toxicity) → NCPDP reject code **88** (DUR Reject Error)

Diagnosis Code Requirement
Pharmacy claims for **all schedule II long-acting narcotic analgesic** agents require an appropriate diagnosis code entered at POS.

Buprenorphine Buccal Film (Belbuca®)/Buprenorphine Transdermal Patch (Butrans®)
Pharmacy claims for **buprenorphine buccal film (Belbuca®)** and **buprenorphine transdermal patch (Butrans®)** without a diagnosis code or with a diagnosis code related to the management of addictive disorders or substance abuse (F11.2*) will deny.
** Any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code*

Methadone
All pharmacy claims for methadone must be submitted with a valid diagnosis code. Diagnosis code cannot be related to Substance Use Disorder. There is no provision for override when a diagnosis code is omitted.

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.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

Drug to Drug Interaction
Incoming pharmacy claims for **long-acting narcotic analgesic (including buprenorphine-containing)** agents will deny when the recipient has an active prescription* for a **naltrexone tablets** or **extended-release injectable suspension (Vivitrol®)**.

Incoming pharmacy claims for **naltrexone tablets** or **extended-release injectable suspension (Vivitrol®)** will deny if there is an active prescription* on the recipient's file for any **long-acting narcotic analgesic (including buprenorphine-containing)** agent.

**An active prescription is a prescription in which the days supply has not expired.*

Point of Sale Override for Long-Acting Narcotic Analgesic/Naltrexone Drug to Drug Interaction
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **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)

Possible Denial EOB Code
EOB **471** (Drug-Drug Interaction) → NCPDP rejection code **88** (DUR Reject Error)

Drug to Drug Educational Alert
Pharmacy claims for **all long-acting narcotic analgesic** agents will prompt a drug to drug interaction **educational alert** if there is an active pharmacy claim* for an **antipsychotic** agent on the recipient's file. An incoming claim for an **antipsychotic** agent will prompt a drug to drug interaction **educational alert** if there is an active pharmacy claim for a **long-acting narcotic analgesic** agen**t** on the recipient's file.

**An active prescription is a prescription in which the days supply has not expired.*

Possible Denial EOB Code
Educational EOB **442** (Drug-Drug Interaction) → NCPDP reject code **88** (DUR Reject Error)

Early Refill Limit
Pharmacy claims for **all long-acting narcotic analgesic** agents will deny for an early refill edit when less than 90 percent of the medication has been utilized. This translates into a two-day window based on a 30-day supply.

Point of Sale Override
After consultation with the prescriber, the pharmacist must document on the hardcopy prescription or in the pharmacy's electronic recordkeeping system, the reason the prescriber required the patient to receive the prescription early and the codes used to override the claim.

NCPDP 439-E4 field (Reason for Service Code) **ER*** (Overuse/Early Refill) or **ID*** (Ingredient Duplication)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

***Submit ER** (Overuse/Early Refill) when early refill denial is received by the same pharmacy. Submit **ID** (Ingredient Duplication) when early refill denial is received by a different pharmacy.*

Documentation Required
The circumstances warranting the early refill and the reason for service code, professional service code and result of service code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Possible Denial EOB Code(s)
EOB code **445** (Duplication drug therapy) → NCPDP rejection code **88** (DUR Reject Error)
EOB code **447** (Compliance Monitoring/Early or Late Refill) → NCPDP rejection code **88** (DUR Reject Error)

Maximum Dose Limit
Pharmacy claims for select **long-acting narcotic analgesic** agents will be subject to a maximum daily dose as listed in the chart.

Generic Name (Brand Name Example)	Maximum Dose
Buprenorphine Buccal Film (Belbuca®)	1800mcg/24 hours
Buprenorphine Transdermal (Butrans®)	480mcg/24 hours (20mcg/hour) Each patch is intended to be worn for 7 days
Morphine Sulfate ER Capsule (Avinza®)	1600mg/day
Tapentadol ER Tablet (Nucynta ER®)	500mg/day
Tramadol ER Capsule, ER Tablet (Conzip®, Ryzolt®, Ultram ER®)	300mg/day

Possible Denial EOB Code
EOB **529** (High-Dose Exceeds Max Daily) → NCPDP rejection code **88** (DUR Reject Error)

Morphine Milligram Equivalent (MME) Limit
The cumulative daily morphine milligram equivalent (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.

The MME is a value assigned to each opioid to represent the potency of that opioid using morphine as the standard for comparison. For more information on MME, please visit https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm#T1_down

MME Override for Long-Acting Narcotic Analgesic Agents
An MME denial override for **long-acting narcotic analgesic** agents must be addressed with a prior authorization.

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 an MME limit further will require an additional prior authorization resubmission.

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.

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Bypass Diagnosis Exemptions for MME Limit
Pharmacy claims for any **long-acting narcotic analgesic**, when submitted with a diagnosis code for **cancer, palliative end-of-life care, second or third degree burns or corrosions, or sickle cell crisis**, will bypass the maximum morphine milligram equivalent (MME) limit.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Note: Even if the MME denial is bypassed with one of diagnoses, a non-preferred **long-acting narcotic analgesic** agent will still require prior authorization.

Educational Alert for Long-Acting Narcotic Analgesic Agents Exceeding 50 MME per Day
Pharmacy claims for **long-acting narcotic analgesic** agents with a total MME exceeding 50 MME per day will flag at Point of Sale (POS) as an educational alert for review by the pharmacist.

Possible Denial EOB Code(s)
Pharmacy claims for **long-acting narcotic analgesic** agents exceeding the 90 MME per day will deny with:

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **352** (Over 90 MME/day – MD Fax LA Uniform PA Form to 1-866-797-2329)

Educational Alert for **long-acting narcotic analgesic** agents exceeding the 50 MME per day: EOB code **321** (Disp Naloxone for MME >/= 50) → NCPDP rejection code **88** (DUR Reject Eror)

Partial Filling of Schedule II Agents
Pharmacy claims for schedule II agents require the **quantity prescribed** to be submitted at POS. The quantity dispensed (original and subsequent partial fills) shall not exceed the quantity prescribed amount.

Pharmacy claims for schedule II agents shall deny when a partial fill is greater than 30 days from the date the prescription was written. An additional 30 days (for a total of up to 60 days) from the date the prescription was written shall be allowed for the remainder of a partial fill when the recipient is in long term care, hospice or palliative care. Long term care, hospice and/or palliative care must be indicated on the pharmacy claim.

Required NCPDP Field(s)
NCPDP **384-4X** (Patient Residence Code): **03** (Long Term Care) or **11** (Hospice)
NCPDP **424-DO** (Diagnosis Code): **Z51.5** (Palliative Care)
NCPDP **460-ET** (Quantity Prescribed)

Possible Denial EOB Code(s)
EOB code **029** (Missing or Invalid Quantity Prescribed for Schedule II) → NCPDP rejection code **ET** (M/I Quantity Prescribed)
EOB code **056** (Accumulated Quantity of Paid Partial Fills > Rx Quantity) → NCPDP rejection code **76** (Plan Limitations Exceeded)

EOB code **064** (Number of Refills Authorized Must Be 0 for Schedule II) → NCPDP rejection code **73** (Refills Are Not Covered)
EOB code **073** (CII Fill Must Be W/I 30/60 Days of Original Date Written) → NCPDP rejection code **M4** (Prescription/Service Reference Number/Time Limit Exceeded)
EOB code **074** (For CII Fills, Rx Date Same Date of the 1st Paid Claim) → NCPDP rejection code **AB** (Date Written Is After Date Filled)

Previous Use Requirement
Pharmacy claims for **long-acting narcotic analgesic** agents will deny if there is no evidence of at least one paid claim for a **short-acting narcotic analgesic** agent or a **long-acting narcotic analgesic** agent within the previous 90-day period.

Bypass Diagnosis Exemptions for Previous Use Requirement
Pharmacy claims for any **long-acting narcotic analgesic**, when submitted with a diagnosis code for **cancer, palliative end-of-life care, second or third degree burns or corrosions, or sickle cell crisis**, will bypass the previous use requirement.

Possible Denial EOB Code
EOB code **427** (Requires Prior Use of a Short or Long-Acting Agent in the Last 90 Days) → NCPDP rejection code **88** (DUR Reject Error)

Quantity Limit
Pharmacy claims for the following **long-acting narcotic analgesic** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Fentanyl Patch (Duragesic®) 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr	10 units
Fentanyl Patch (Duragesic®) 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	20 units
Hydrocodone (Zohydro ER®)	60 units
Hydrocodone (Hysingla ER®)	30 units
Hydromorphone (Exalgo®)	30 units
Methadone	45 units
Morphine (Avinza®)	30 units
Morphine (Kadian®)	30 units
Morphine (MS Contin®)	60 units
Oxycodone (OxyContin®)	60 units
Oxycodone (Xtampza® ER)	60 units
Oxymorphone (Opana ER®)	60 units
Tapentadol (Nucynta ER®)	60 units
Tramadol ER (Conzip®)	30 units

Quantity Limit Override for Long-Acting Narcotic Analgesic Agents
A quantity limit denial override for **long-acting narcotic analgesic** agents must be addressed with a prior authorization.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Bypass Diagnosis Exemptions for Quantity Limit
Pharmacy claims for **long-acting narcotic analgesic** agents submitted with a diagnosis code for **cancer, palliative end-of-life care, second or third degree burns or corrosions, or sickle cell crisis**, will bypass the quantity limits.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Note: Even if quantity limit denial is bypassed with one of these diagnoses, a non-preferred **long-acting narcotic analgesic** agent will still require prior authorization.

Possible Denial EOB Code(s)
NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB Code **153** (Quantity Exceeds Max-MD Fax Override Form 866-797-2329)

Therapeutic Duplication
Pharmacy claims for **long-acting narcotic analgesic** agents will deny at POS if there is an active claim* on the recipient's file for another **long-acting narcotic analgesic** agent.

Pharmacy claims for **long-acting narcotic analgesic** agents will deny at POS if there is an active claim* on the recipient's file for **a buprenorphine-containing** agent. Conversely, **buprenorphine-containing** agents are monitored at the pharmacy POS for duplication of therapy with **long-acting narcotic analgesic** agents.

**An active claim is a claim where the days supply has not expired.*

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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
EOB Code **482** (Therapeutic Duplication - TD) → NCPDP rejection code **88** (DUR Reject Error)

Therapeutic Duplication with Xyrem® (sodium oxybate) and Xywav™ (calcium, magnesium, potassium, and sodium oxybates)
Incoming prescriptions for **long-acting narcotic analgesic** agents will deny at POS when there is an active prescription* on the recipient's file for **Xyrem® (sodium oxybate)** or **Xywav™ (calcium, magnesium, potassium, and sodium oxybates)**. Alternately, incoming pharmacy claims for **Xyrem® (sodium oxybate)** or **Xywav™ (calcium, magnesium, potassium, and sodium oxybates)** will deny when there is at least one active prescription* on the recipient's file for a **long-acting narcotic analgesic** agent.

**An active prescription is a prescription in which the days supply has not expired.*

Possible Denial EOB Code
EOB code **482** (Therapeutic Duplication) → NCPDP rejection code **88** (DUR Reject Error)
There is no override available at POS.

4.3.128 Narcotic Analgesics – Short-Acting Agents

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Acetaminophen with Codeine Elixir, Tablet	Meperidine Solution, Tablet
Benzhydrocodone/Acetaminophen (Apadaz®)	Morphine Oral Concentrate, Solution, Suppository
Butalbital/Caffeine/APAP/Codeine Capsule (Fioricet® with Codeine)	Morphine Sulfate IR Tablet, Oral Syringe
Butalbital Compound with Codeine Capsule	Oxycodone HCl Tablet (Roxicodone®, Roxybond®)
Butorphanol Tartrate Nasal	Oxycodone Capsule, Oral Concentrate, Solution Tablet
Carisoprodol Compound with Codeine Tablet	Oxycodone/Acetaminophen Solution, Tablet (Nalocet®, Percocet®, Prolate®)
Codeine Tablet	Oxymorphone IR Tablet
Dihydrocodeine Bitartrate/ Acetaminophen/ Caffeine Capsule, Tablet	Pentazocine/Naloxone Tablet
Fentanyl Buccal Lozenge, Buccal Tablet (Actiq®, Fentora®)	Sufentanil Sublingual Tablet (Dsuvia®)
Hydrocodone/Acetaminophen Solution, Tablet (Lortab®)	Tapentadol Tablet (Nucynta®)
Hydrocodone/Ibuprofen Tablet	Tramadol Solution, Tablet (Ultram®)
Hydromorphone Liquid, Suppository, Tablet (Dilaudid®)	Tramadol/Acetaminophen Tablet
Levorphanol Tablet	Tramadol/Celecoxib Tablet (Seglentis®)

Pharmacy claims for select **short-acting narcotic analgesic** agents will be subject to the following:

- Prior authorization
- Age limit
- Concurrent Use
- Diagnosis code requirement
- Drug to drug interaction
- Early refill limit
- Maximum dose limit
- Morphine milligram equivalent (MME) limit
- Partial filling of schedule II agents
- Quantity limit
- Therapeutic duplication

Prior Authorization
Pharmacy claims for **all non-preferred short-acting narcotic analgesic** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Age Limit
Pharmacy claims for **short-acting narcotic analgesic** agents are limited for use in recipients who meet specific age requirements as listed in the chart.

Generic Name (Brand Name Example)	Minimum Age
Codeine Single-Ingredient Agents	18 years
Codeine Combination Agents	12 years
Tramadol Solution, Tablet	12 years
Tramadol Combination Agents	12 years

Age Limit Override for Tramadol and Tramadol Combination Agents
Pharmacy claims for **short-acting tramadol** agents are limited to use in recipients who are at least **12 years of age**.

An age limit denial override for **tramadol and tramadol combination** agents for recipients 12-17 years of age must be addressed with a clinical authorization.
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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Point of Sale Override for Codeine and Codeine Combination Agents
Upon consultation with the prescriber to verify the necessity of the requested codeine or codeine combination therapy, the pharmacist may override the denial by submitting the following override at POS:

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
EOB code **234** (P/F Age Restriction) → NCPDP reject code **60** (Product/Service Not Covered for Patient Age)
EOB code **066** (Clinical Authorization Required) → NCPDP reject code **75** (Prior Authorization Required)

Concurrent Use with Benzodiazepine Agents
Incoming pharmacy claims for **opioid analgesic** agents will deny when the recipient has an active prescription* for a **benzodiazepine** agent.

**An active prescription is a prescription in which the days supply has not expired.*

Bypass Diagnosis Exemptions for Concurrent Use Requirement
Pharmacy claims for any **short-acting narcotic analgesic**, when submitted with a diagnosis code for **cancer** or **palliative end-of-life care**, will bypass the restriction on concurrent use of opioids with benzodiazepines.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **AT** (Additive Toxicity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Possible Denial EOB Code
EOB code **423** (Potential Additive Toxicity) → NCPDP reject code **88** (DUR Reject Error)

Diagnosis Code Requirement
Pharmacy claims for **all schedule II short-acting narcotic analgesic** agents require an appropriate diagnosis code entered at POS.

Pharmacy claims for **fentanyl buccal and sublingual** agents must be submitted with a cancer-related diagnosis code (C00.*-C96.*).

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

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

Drug to Drug Interaction
Incoming pharmacy claims for **short-acting narcotic analgesic (including buprenorphine-containing)** agents will deny when the recipient has an active prescription* for a **naltrexone tablets** or **extended-release injectable suspension (Vivitrol®)** agent.

Incoming pharmacy claims for **naltrexone tablets** or **extended-release injectable suspension (Vivitrol®)** will deny if there is an active prescription* on the recipient's file for any **short-acting narcotic analgesic (including buprenorphine-containing)** agent.

**An active prescription is a prescription in which the days supply has not expired.*

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **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)

Possible Denial EOB Code
EOB **471** (Drug-Drug Interaction) → NCPDP rejection code **88** (DUR Reject Error)

Drug to Drug Educational Alert
Pharmacy claims for **all short-acting narcotic analgesic** agents will prompt a drug to drug interaction **educational alert** if there is an active pharmacy claim* for an **antipsychotic** agent on the recipient's file. An incoming claim for an **antipsychotic** agent will prompt a drug to drug interaction **educational alert** if there is an active pharmacy claim for a **short-acting narcotic analgesic** agent on the recipient's file.

**An active prescription is a prescription in which the days supply has not expired.*

Possible Denial EOB Code
Educational EOB **442** (Drug-Drug Interaction) → NCPDP reject code **88** (DUR Reject Error)

Early Refill Limit
Pharmacy claims for **all short-acting narcotic analgesic** agents will deny for an early refill edit when less than 90 percent of the medication has been utilized. This translates into a two-day window based on a 30-day supply.

Point of Sale Override
After consultation with the prescriber, the pharmacist must document on the hardcopy prescription or in the pharmacy's electronic recordkeeping system, the reason the prescriber required the patient to receive the prescription early and the codes used to override the claim.

NCPDP 439-E4 field (Reason for Service Code) **ER*** (Overuse/Early Refill) or **ID*** (Ingredient Duplication)

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

Submit **ER (Overuse/Early Refill) when early refill denial is received by the same pharmacy. Submit **ID** (Ingredient Duplication) when early refill denial is received by a different pharmacy.*

Documentation Required
The circumstances warranting the early refill and the reason for service code, professional service code and result of service code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Possible Denial EOB Code(s)
EOB code **445** (Duplication drug therapy) → NCPDP rejection code **88** (DUR Reject Error)
EOB code **447** (Compliance Monitoring/Early or Late Refill) → NCPDP rejection code **88** (DUR Reject Error)

Maximum Dose Limit
Pharmacy claims for select **short-acting narcotic analgesic** agents will be subject to a maximum daily dose as listed in the chart.

Generic Name (Brand Name Example)	Maximum Daily Dose
Tapentadol Tablet (Nucynta®)	700mg
Tramadol Solution, Tablet (Ultram®) – Younger than 76 years	400mg
Tramadol Solution, Tablet (Ultram®) – Older than 75 years	300mg
Tramadol/Acetaminophen Tablet	8 tablets
Tramadol/Celecoxib Tablet (Seglentis®)	4 tablets

Possible Denial EOB Code
EOB **529** (High-Dose Exceeds Max Daily) → NCPDP rejection code **88** (DUR Reject Error)

Morphine Milligram Equivalent (MME) Limit
The cumulative daily morphine milligram equivalent (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.

The MME is a value assigned to each opioid to represent the potency of that opioid using morphine as the standard for comparison. For more information on MME, please visit https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm#T1_down

MME Override for Short-Acting Narcotic Analgesic Agents
An MME denial override for **short-acting narcotic analgesic** agents must be addressed with a prior authorization.

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 an MME limit further will require an additional prior authorization resubmission.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Bypass Diagnosis Exemptions for MME Limit
Pharmacy claims for any **short-acting narcotic analgesic**, when submitted with a diagnosis code for **cancer, palliative end-of-life care, second or third degree burns or corrosions, or sickle cell crisis**, will bypass the maximum morphine milligram equivalent (MME) limit.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Note: Even if the MME denial is bypassed with one of diagnoses, a non-preferred **short-acting narcotic analgesic** agent will still require prior authorization.

Educational Alert for Short-Acting Narcotic Analgesic Agents Exceeding 50 MME per Day
Pharmacy claims for **short-acting narcotic analgesic** agents with a total MME exceeding 50 MME per day will flag at Point of Sale (POS) as an educational alert for review by the pharmacist.

Possible Denial EOB Code

Pharmacy claims for **short-acting narcotic analgesic** agents exceeding the 90 MME per day will deny with:

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **352** (Over 90 MME/day – MD Fax LA Uniform PA Form to 1-866-797-2329)

Educational Alert for pharmacy claims for **short-acting narcotic analgesic** agents exceeding the 50 MME per day will deny with:

EOB code **321** (Disp Naloxone for MME >/= 50) → NCPDP rejection code **88** (DUR Reject Eror)

Partial Filling of Schedule II Agents
Pharmacy claims for schedule II agents require the **quantity prescribed** to be submitted at POS. The quantity dispensed (original and subsequent partial fills) shall not exceed the quantity prescribed amount.
Pharmacy claims for schedule II agents shall deny when a partial fill is greater than 30 days from the date the prescription was written. An additional 30 days (for a total of up to 60 days) from the date the prescription was written shall be allowed for the remainder of a partial fill when the recipient is in long term care, hospice or palliative care. Long term care, hospice and/or palliative care must be indicated on the pharmacy claim.

Required NCPDP Field(s)

NCPDP **384-4X** (Patient Residence Code): **03** (Long Term Care) or **11** (Hospice)
NCPDP **424-DO** (Diagnosis Code): **Z51.5** (Palliative Care)
NCPDP **460-ET** (Quantity Prescribed)

Possible Denial EOB Code(s)
EOB code **029** (Missing or Invalid Quantity Prescribed for Schedule II) → NCPDP rejection code **ET** (M/I Quantity Prescribed)
EOB code **056** (Accumulated Quantity of Paid Partial Fills > Rx Quantity) → NCPDP rejection code **76** (Plan Limitations Exceeded)
EOB code **064** (Number of Refills Authorized Must Be 0 for Schedule II) → NCPDP rejection code **73** (Refills Are Not Covered)
EOB code **073** (CII Fill Must Be W/I 30/60 Days of Original Date Written) → NCPDP rejection code **M4** (Prescription/Service Reference Number/Time Limit Exceeded)
EOB code **074** (For CII Fills, Rx Date Same Date of the 1st Paid Claim) → NCPDP rejection code **AB** (Date Written Is After Date Filled)

Quantity Limit
Pharmacy claims for the following **short-acting narcotic analgesic** agents will be subject to a quantity limit as listed in the chart.

No Opioid Claim in Previous 90-days		**Opioid Claim in Previous 90-days**	
Generic Name	**7-day Quantity Limit**	**Generic Name**	**30-day Quantity Limit**
Codeine/Acetaminophen	28 units	Codeine/Acetaminophen	Not Addressed
Benzhydrocodone/Acetaminophen	28 units	Benzhydrocodone/Acetaminophen	45 units
Fentanyl Buccal/Sublingual	Not Addressed	Fentanyl Buccal/Sublingual	120 units
Hydrocodone/Acetaminophen	28 units	Hydrocodone/Acetaminophen	45 units
Hydrocodone/Ibuprofen	28 units	Hydrocodone/Ibuprofen	30 units
Hydromorphone	28 units	Hydromorphone	45 units
Meperidine	28 units	Meperidine	45 units
Morphine	28 units	Morphine	45 units
Oxycodone	28 units total	Oxycodone	45 units total
Oxycodone/Acetaminophen		Oxycodone/Acetaminophen	
Oxymorphone	28 units	Oxymorphone	45 units
Tapentadol	28 units	Tapentadol	45 units
Tramadol	28 units	Tramadol	45 units
Tramadol/Acetaminophen	28 units	Tramadol/Acetaminophen	40 units
Tramadol/Celecoxib	28 units	Tramadol/Celecoxib	45 units
Oral Opioid Liquid Formulation Quantity Limits if No Opioid Claim in Previous 90 days			

All oral opioid liquid products have a quantity limit of 6 ounces (180ml) or a 7-day supply (whichever is less) if there is no opioid claim in the previous 90 days.

Quantity Limit Override for Short-Acting Narcotic Analgesic Agents
A quantity limit denial override for **short-acting narcotic analgesic** agents must be addressed with a prior authorization.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Bypass Diagnosis Exemptions for Quantity Limit
With the exception of fentanyl buccal and sublingual agents, pharmacy claims for **short-acting narcotic analgesic** agents submitted with a diagnosis code for **cancer, palliative end-of-life care, second or third degree burns or corrosions, or sickle cell crisis**, will bypass the quantity limits.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Note: Even if quantity limit denial is bypassed with one of these diagnoses, a non-preferred **short-acting narcotic analgesic** agent will still require prior authorization.

Possible Denial EOB Code
NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB Code **153** (Quantity Exceeds Max-MD Fax Override Form 866-797-2329)

Therapeutic Duplication
Pharmacy claims for **short-acting narcotic analgesic** agents will deny at POS if there is an active claim* on the recipient's file for another **short-acting narcotic analgesic** agent.

Pharmacy claims for **short-acting narcotic analgesic** agents will deny at POS if there is an active claim* on the recipient's file for **a buprenorphine-containing** agent. Conversely, **buprenorphine-containing** agents are monitored at the pharmacy POS for duplication of therapy with **short-acting narcotic analgesic** agents.

**An active claim is a claim where the days supply has not expired.*

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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
EOB Code **482** (Therapeutic Duplication - TD) → NCPDP rejection code **88** (DUR Reject Error)

Therapeutic Duplication with Xyrem® (sodium oxybate) and Xywav™ (calcium, magnesium, potassium, and sodium oxybates)
Incoming prescriptions for **short-acting narcotic analgesic** agents will deny at POS when there is an active prescription* on the recipient's file for **Xyrem® (sodium oxybate)** or **Xywav™ (calcium, magnesium, potassium, and sodium oxybates)**. Alternately, incoming pharmacy claims for **Xyrem® (sodium oxybate)** or **Xywav™ (calcium, magnesium, potassium, and sodium oxybates)** will deny when there is at least one active prescription* on the recipient's file for a **short-acting narcotic analgesic** agent.

**An active prescription is a prescription in which the days supply has not expired.*

Possible Denial EOB Code
EOB code **482** (Therapeutic Duplication) → NCPDP rejection code **88** (DUR Reject Error)
There is no override available at POS.

4.3.129 Nedosiran (Rivfloza™)

Pharmacy claims for **nedosiran (Rivfloza™)** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **nedosiran (Rivfloza™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.130 Neuropathic Pain Agents

Generic Name (Brand Name Example)
Capsaicin/Skin Cleanser (Qutenza Kit®)
Duloxetine Capsule, DR Capsule (Cymbalta®, Irenka®, Drizalma Sprinkle™)
Gabapentin Capsule, ER Tablet, Solution, Tablet (Gralise®, Neurontin®)
Gabapentin Enacarbil Tablet (Horizant®)
Lidocaine Topical Patch (DermacinRx Lidocan™, Lidoderm®, Ztlido®)
Lidocaine Patch Kit (Prilo Patch II®)*
Lidocaine/Kinesiology Tape (XyliDerm®)
Milnacipran Tablet (Savella®)
Pregabalin Capsule, ER Tablet, Solution (Lyrica®, Lyrica CR®)

**Lidocaine patch kits (kits combining prescription lidocaine patches in the same package with another product) require additional clinical information for prior authorization review.*

Pharmacy claims for select **neuropathic pain** agents will be subject to the following:

- Prior/clinical authorization
- Behavioral health clinical authorization requirement for ages less than 7 years
- Quantity limit

Prior/Clinical Authorization

Pharmacy claims for **all non-preferred neuropathic pain** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Behavioral Health Clinical Authorization Requirement for Ages Less Than 7 Years

Pharmacy claims for the following **neuropathic pain** agent for recipients less than 7 years old will be reimbursed at POS when the prescriber has obtained an approved clinical authorization.

Generic Name (Brand Name Example)
Duloxetine Capsule, DR Capsule (Cymbalta®, Irenka®, Drizalma Sprinkle™)

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Quantity Limit

Pharmacy claims for the following **neuropathic pain** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit per 30 Days
Lidocaine Topical Patch (DermacinRx Lidocan™, Lidoderm®, Ztlido®)	30 patches

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB Code **153** (Quantity Exceeds Max-MD Fax Override Form 866-797-2329)

Override

Override is available through an authorization process when the recipient has a diagnosis of post-herpetic neuralgia.

4.3.131 Niemann-Pick Disease Type C (NPC) Treatment Agents

Generic Name (Brand Name Example)
Arimoclomol (Miplyffa™)
Levacetylleucine (Aqneursa™)

Pharmacy claims for **Niemann-Pick disease type C (NPC) treatment** agents are subject to the following:

- Clinical authorization

Clinical Authorization

Pharmacy claims for **NPC treatment** agents require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

4.3.132 Nirmatrelvir/Ritonavir (Paxlovid®)

Pharmacy claims for **nirmatrelvir/ritonavir (Paxlovid®)** will be subject to the following.

- Age limit
- Quantity limit

Age Limit
Pharmacy claims for **nirmatrelvir/ritonavir (Paxlovid®)** are limited for use in recipients who are **greater than 12 years of age.**

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

Quantity Limit
Pharmacy claims for **nirmatrelvir/ritonavir (Paxlovid®)** will be subject to quantity limit of **30 tablets per 5 days.**

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

4.3.133 Nitisinone (Orfadin®, Nityr®)

Pharmacy claims for **nitisinone (Orfadin®, Nityr®)** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **nitisinone (Orfadin®, Nityr®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.134 Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Celecoxib (Celebrex®)	Ketoprofen Capsule, ER Capsule
Diclofenac Epolamine Patch (Flector®)	Ketorolac Nasal Spray, Tablet
Diclofenac Potassium Capsule, Tablet (Zipsor®)	Meclofenamate Sodium Capsule
Diclofenac Sodium Tablet	Mefenamic Acid Capsule
Diclofenac Sodium Topical Solution, Transdermal Gel (Pennsaid®)	Meloxicam Submicronized Capsule, Tablet (Mobic®)
Diclofenac SR Tablet	Nabumetone Tablet (Relafen DS™)
Diclofenac/Misoprostol Tablet (Arthrotec®)	Naproxen Suspension, EC Tablet, Tablet
Diflunisal Tablet	Naproxen Sodium CR Tablet, Tablet (Naprelan®)
Etodolac Capsule, SR Tablet, Tablet	Naproxen/Esomeprazole Tablet (Vimovo®)
Fenoprofen Capsule, Tablet (Nalfon®)	Oxaprozin Tablet
Flurbiprofen Tablet	Piroxicam Capsule
Ibuprofen Suspension, Tablet Rx	Sulindac Tablet
Ibuprofen/Famotidine Tablet (Duexis®)	Tolmetin Sodium Capsule, Tablet
Indomethacin Capsule, ER Capsule, Suspension, Rectal	

Pharmacy claims for **NSAIDS** may be subject to the following:

- Prior authorization
- Age limit
- Days supply
- Quantity limit
- Therapeutic duplication

Prior Authorization

Pharmacy claims for **all non-preferred NSAIDs** require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Age Limit

Pharmacy claims for **celecoxib** are limited for use in recipients who are **60 years of age or older** on the date of service **OR**, the concurrent use of select agents as detailed below.

Possible Denial EOB Code

Pharmacy claims submitted for **celecoxib** not meeting the above-mentioned criteria will deny with the following:

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

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

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

Exemption for Age Limit with Concurrent Use of Select Agents

Pharmacy claims for **celecoxib** will pay if the age requirement is met (see above for details related to the age requirement) **OR**, if there is an active prescription(s) on file for any **ONE** of the following medications:

- H2 antagonists
- Proton pump inhibitors
- Oral or injectable anticoagulants
- Oral steroid (at least a 30-day supply indicating chronic use)

Days Supply

Pharmacy claims for **oral ketorolac** are limited to a maximum **five-day** supply per thirty calendar days.

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

The pharmacist may override the days supply denial by submitting the prescriber identified diagnosis code in the claim.

Documentation Required

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

Required NCPDP Field

NCPDP **424-DO** field (Diagnosis Code)

Quantity Limit

Pharmacy claims for **oral ketorolac** are limited to a maximum quantity of **20 tablets per 30 days**.

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

The pharmacist may override the quantity limit denial by submitting the prescriber identified diagnosis code in the claim.

Documentation Required

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

Required NCPDP Field

NCPDP **424-DO** field (Diagnosis Code)

Therapeutic Duplication

Pharmacy claims for **NSAIDS** will deny at POS with a therapeutic duplication if there is an active claim for another **NSAID**.

Possible Denial EOB Code

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

Point of Sale Override

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) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1A** (Filled As Is; False Positive)
NCPDP 441-E6 field (Result of Service Code) **1B** (Filled, Prescription As Is)
NCPDP 441-E6 field (Result of Service Code) **1C** (Filled With Different Dose)
NCPDP 441-E6 field (Result of Service Code) **1D** (Filled With Different Directions)
NCPDP 441-E6 field (Result of Service Code) **1E** (Filled With Different Drug)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.135 Olipudase alfa-rpcp (Xenpozyme™)

Pharmacy claims for **olipudase alfa-rpcp (Xenpozyme™)** will be subject to the following:

- Diagnosis code

Diagnosis Code Requirement
Pharmacy claims for **olipudase alfa-rpcp (Xenpozyme™)** require an appropriate diagnosis code entered at POS.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf
Documentation Required

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.136 Omaveloxolone (Skyclarys™)

Pharmacy claims for **omaveloxolone (Skyclarys™)** will be subject to the following:

- Clinical authorization
- Quantity limit

Clinical Authorization
Pharmacy claims for **omaveloxolone (Skyclarys™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for **omaveloxolone (Skyclarys™)** will be subject to a quantity limit as listed below.

Generic Name (Brand Example)	Quantity Limit
Omaveloxolone (Skyclarys™) capsule	90 capsules/30 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify medical necessity of the excessive quantity, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.137 Oncology – Hematologic Oral Agents

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Acalabrutinib Capsule, Tablet (Calquence®)	Mercaptopurine Suspension, Tablet (Purixan®)
Asciminib Tablet (Scemblix®)	Midostaurin Capsule (Rydapt®)
Azacitidine Tablet (Onureg™)	Momelotinib Tablet (Ojjaara™)
Bosutinib Tablet (Bosulif®)	Nilotinib HCl Capsule (Tasigna®)
Dasatinib Tablet (Sprycel®)	Olutasidenib Capsule (Rezlidhia®)
Decitabine/Cedazuridine Tablet (Inqovi®)	Pacritinib Capsule (Vonjo®)
Duvelisib Capsule (Copiktra®)	Pomalidomide Capsule (Pomalyst®)
Enasidenib Mesylate Tablet (Idhifa®)	Ponatinib HCl Tablet (Iclusig®)
Fedratinib Capsule (Inrebic®)	Procarbazine HCl Capsule (Matulane®)
Gilterinib Tablet (Xospata®)	Quizartinib Dihydrochloride (Vanflyta®)
Glasdegib Tablet (Daurismo®)	Ruxolitinib Phosphate Tablet (Jakafi®)
Hydroxyurea Capsule (Hydrea®)	Selinexor Tablet (Xpovio®)
Ibrutinib Capsule, Suspension, Tablet (Imbruvica®)	Thalidomide Capsule (Thalomid®)
Idelalisib Tablet (Zydelig®)	Thioguanine Tablet (Tabloid®)
Imatinib Mesylate Tablet (Gleevec®)	Tretinoin Capsule
Ivosidenib Tablet (Tibsovo®)	Venetoclax Tablet (Venclexta®)
Ixazomib Citrate Capsule (Ninlaro®)	Vorinostat Capsule (Zolinza®)
Lenalidomide Capsule (Revlimid®)	Zanubrutinib Capsule (Brukinsa™)

Pharmacy claims for **oncology – hematologic oral** agents will be subject to the following:

- Prior authorization
- Diagnosis code requirement

Prior Authorization

Pharmacy claims for **all non-preferred oncology – hematologic oral** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Diagnosis Code Requirement

Pharmacy claims for **pomalidomide (Pomalyst®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Documentation Required

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

Required NCPDP Field

NCPDP 424-DO field (Diagnosis Code)

Possible Denial EOB Code

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

4.3.138 Oncology – Other Oral Agents

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Avapritinib Tablet (Ayvakit™)	Pexidartinib Capsule (Turalio®)
Cabozantinib S-Malate Capsule (Cometriq®)	Pirtobrutinib Tablet (Jaypirca®)
Erdafitinib Tablet (Balversa™)	Regorafenib Tablet (Stivarga®)
Eflornithine Tablet (Iwilfin™)	Ripretinib Tablet (Qinlock™)
Futibatinib Tablet Therapy Pack (Lytgobi®)	Rucaparib Camsylate Tablet (Rubraca®)
Fruquintinib Capsule (Fruzaqla®)	Selumetinib Capsule (Koselugo™)*
Larotrectinib Capsule, Solution (Vitrakvi®)	Tazemetostat Tablet (Tazverik™)
Niraparib Tosylate Capsule, Tablet (Zejula®)	Temozolomide Capsule
Nirogacestat Tablet (Ogsiveo™)	Trifluridine/Tipiracil HCl Tablet (Lonsurf®)
Olaparib Capsule, Tablet (Lynparza®)	Vandetanib Tablet (Caprelsa®)
Pemigatinib Tablet (Pemazyre®)	Vorasidenib Tablet (Voranigo®)

**The above oncology – other oral agent requires additional clinical information for prior authorization review.*

Pharmacy claims for **oncology – other oral** agents will be subject to the following:

- Prior/clinical authorization
- Quantity limit

Prior/Clinical Authorization

Pharmacy claims for **all non-preferred oncology – other oral** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Quantity Limit

Pharmacy claims for **selumetinib (Koselugo™)** will be subject to a quantity limit of **120 capsules per 30 days.**

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.139 Ophthalmic Agents – Anti-Inflammatory/Immunomodulators

Generic Name (Brand Name Example)
Cyclosporine 0.05% Emulsion, Solution (Cequa®, Restasis®, Verkazia®, Vevye™)
Lifitegrast Solution (Xiidra®)
Loteprednol Etabonate Suspension (Eysuvis®)
Perfluorohexyloctane/PF (Miebo®)
Varenicline Nasal Spray (Tyrvaya®)

Pharmacy claims for **anti-inflammatory/immunomodulator ophthalmic** agents may be subject to the following:

- Prior authorization
- Quantity limit

Prior Authorization

Pharmacy claims for all non-preferred **anti-inflammatory/immunomodulator ophthalmic** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Quantity Limit

Pharmacy claims for the following **anti-inflammatory/immunomodulator ophthalmic** agent will be subject to a quantity limit.

Generic Name (Brand Name Example)	Quantity Limit
Perfluorohexyloctane/PF (Miebo®)	3 ml bottle as a 30-day supply

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)

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

4.3.140 Opiate Dependence Agents

Generic Name (Brand Example)
Buprenorphine Sublingual Tablet
Buprenorphine Syringe (Brixadi™, Sublocade®)
Buprenorphine/Naloxone Sublingual Film, Tablet (Suboxone®, Zubsolv®)
Lofexidine Tablet (Lucemyra®)
Nalmefene Nasal Spray (Opvee®)
Naloxone Nasal Spray (Kloxxado™, Narcan®, Rextovy™)
Naloxone Syringe,Vial
Naloxone Injectable Solution (Zimhi™)
Naltrexone Extended-Release Injectable Suspension (Vivitrol®)
Naltrexone Tablet

Pharmacy claims for **opiate dependence** agents may be subject to the following:

- Prior authorization
- Age limit
- Concurrent use
- Day supply
- Diagnosis code requirement
- Drug to drug interaction
- Maximum daily dose
- Quantity limit
- Therapeutic duplication

Prior Authorization

Pharmacy claims for **all non-preferred opiate dependence** agents require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Age Limit

Pharmacy claims for select **opiate dependence** agents are limited for use in recipients who meet specific age requirements as listed in the chart.

Generic Name (Brand Example)	Minimum Age
Buprenorphine Injection (Brixadi™, Sublocade®)*	18 years
Buprenorphine Sublingual	16 years
Buprenorphine/Naloxone (Suboxone®, Zubsolv®)	16 years

Lofexidine (Lucemyra®)*	18 years
Nalmefene Nasal Spray (Opvee®)	12 years
Naltrexone Extended-Release Injectable Suspension (Vivitrol®)	18 years
Naltrexone Tablet	18 years

Possible Denial EOB Code

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

Concurrent Use

Pharmacy claims for select **opiate dependence** agents are monitored for concurrent use with other agents.

Incoming pharmacy claims for an **opioid analgesic** will deny when the recipient has an active prescription* for a **buprenorphine-containing** agent.

Incoming pharmacy claims for a **benzodiazepine** will deny when the recipient has an active prescription* for a **buprenorphine-containing** agent.

**An active prescription is a prescription in which the day supply has not expired.*

Possible Denial EOB Code

NCPDP reject code **88** (DUR Reject Error) mapped to EOB code **423** (Potential Additive Toxicity)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **AT** (Additive Toxicity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Bypass Diagnosis Exemptions for Concurrent Use Requirement

Pharmacy claims for the following **benzodiazepine** agents submitted with a diagnosis code for **cancer** or **palliative end-of-life care** will bypass the restriction on concurrent use of **benzodiazepines** with **buprenorphine-containing** agents.

Generic Name (Brand Name Example)
Alprazolam ER Tablet, ODT, Tablet (Xanax®)
Alprazolam Intensol™ Concentrate
Chlordiazepoxide Capsule (Librium®)
Clonazepam ODT Tablet (Klonopin®)
Clorazepate Tablet (Tranxene T-Tab®)
Diazepam Intensol™ Concentrate, Solution, Syringe, Tablet, Vial (Valium®)
Lorazepam ER Capsule, Tablet (Ativan®)
Lorazepam Intensol™ Concentrate
Oxazepam Capsule (Serax®)

Pharmacy claims for the following **benzodiazepine** agents submitted with a **seizure-related** diagnosis code will bypass the restriction on concurrent use of benzodiazepines with **buprenorphine-containing** agents,

Generic Name (Brand Name Example)
Clonazepam ODT Tablet (Klonopin®)
Clorazepate Tablet (Tranxene T-Tab®)
Diazepam Intensol™ Concentrate, Solution, Tablet (Valium®)
Lorazepam Intensol™ Concentrate

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

Day Supply

Pharmacy claims for select **opiate dependence** agents are limited to specific days supply.

Generic Name (Brand Example)	Day Supply Limit
Lofexidine Tablets (Lucemyra®)	14-day supply (224 tablets) per 6-month period (180 days)

Possible Denial EOB Code

NCPDP reject code **88** (DUR Reject Error) mapped to EOB code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Diagnosis Code Requirement

Pharmacy claims for select **opiate dependence** agents must be submitted with an appropriate diagnosis code. The diagnosis code is required for the claim submission.

Generic Name (Brand Example)	ICD-10-CM Diagnosis Code	Description
Buprenorphine and buprenorphine/naloxone agents (Bunavail®, Brixadi™, Suboxone® and Zubsolv®)	F11.2*	Opioid Type Dependence
Lofexidine (Lucemyra®)	F11.13	Opioid abuse with withdrawal
	F11.23	Opioid dependence with withdrawal
	F11.93	Opioid use, unspecified with withdrawal
Naltrexone Tablets and Naltrexone Extended-Release Injectable Suspension (Vivitrol®)	F11.2*	Opioid dependence
	F10.2*	Alcohol dependence

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

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

Required NCPDP Field

NCPDP **424-DO** field (Diagnosis Code)

Possible Denial EOB Code
NCPDP rejection code **39** (M/I Diagnosis Code) mapped to EOB **575** (Missing or Invalid Diagnosis Code)

Drug to Drug Interaction

Incoming pharmacy claims for **naltrexone tablets** or **extended-release injectable naltrexone suspension (Vivitrol®)** will deny if there is an active prescription* on the recipient's file for an **opioid (including buprenorphine-containing)** agent.

Incoming pharmacy claims for **all opioid (including buprenorphine-containing)** agents will deny if there is an active prescription* on the recipient's file for **naltrexone tablets** or **extended-release naltrexone injectable suspension (Vivitrol®).**

**An active prescription is a prescription in which the day supply has not expired.*

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB **471** (Drug-Drug Interaction)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **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)

Maximum Dose Limit

Pharmacy claims for select **opiate dependence** agents are limited to a maximum daily dose.

Generic Name (Brand Example)	Maximum Dose
Buprenorphine Tablet, Film (single-ingredient and combination)	24mg/day or buprenorphine equivalent*

** Refer to specific product prescribing information for buprenorphine equivalence charts.*

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB **529** (High-Dose Exceeds Max Daily)

Maximum Daily Dose Override

A maximum daily dose limit override for **buprenorphine agents** (single-ingredient and combination) must be addressed with a prior authorization.

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 Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Quantity Limit

Pharmacy claims for select **opiate dependence** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Example)	Quantity Limit
Buprenorphine Extended-Release Injection Weekly (Brixadi™) 8mg, 16mg, 24mg or 32mg	4 units/21 days
Buprenorphine Extended-Release Injection Monthly (Brixadi™) 64mg, 96mg or 128mg	1 unit/21 days
Buprenorphine Extended-Release Injection (Sublocade®)	1 unit/26 days
Buprenorphine SL Tablet 2mg	2 units/day
Buprenorphine SL Tablet 8mg	3 units/day
Buprenorphine/Naloxone 2mg/0.5mg SL Tab (Suboxone®)	2 units/day
Buprenorphine/Naloxone 2mg/0.5mg SL Film (Suboxone®)	1 unit/day
Buprenorphine/Naloxone 4mg/1mg SL Film (Suboxone®)	1 unit/day
Buprenorphine/Naloxone 8mg/2mg SL Film/Tab (Suboxone®)	3 units/day
Buprenorphine/Naloxone 12mg/3mg SL Film (Suboxone®)	2 units/day
Buprenorphine/Naloxone SL Tablet 0.7mg/0.18mg (Zubsolv®)	1 unit/day
Buprenorphine/Naloxone SL Tablet 1.4mg/0.36mg (Zubsolv®)	1 unit/day
Buprenorphine/Naloxone SL Tablet 2.9mg/0.71mg (Zubsolv®)	1 unit/day
Buprenorphine/Naloxone SL Tablet 5.7mg/1.4mg (Zubsolv®)	3 units/day
Buprenorphine/Naloxone SL Tablet 8.6mg/2.1mg (Zubsolv®)	2 units/day
Buprenorphine/Naloxone SL Tablet 11.4mg/2.9mg (Zubsolv®)	1 unit/day
Nalmefene (Opvee®)	4 units/30 days
Naloxone Nasal Spray (Narcan®)	4 units/30 days
Naloxone Nasal Spray (Kloxxado™)	4 units/30 days
Naloxone Nasal Spray (Rextovy™)	4 units/30 days
Naloxone Injectable Solution Cartridge/Vial (1ml) 0.4mg/ml*	4 units/30 days
Naloxone Injectable Solution Syringe 1mg/ml*	4 units/30 days
Naloxone Injectable Solution (5ml, 10ml, 20ml) 1mg/ml*	1 unit/30 days
Naloxone Injectable Solution (10ml) 0.4mg/ml*	1 unit/30 days
Naloxone Injectable Solution (Zimhi™)*	4 syringes (2ml)/30 days
Naltrexone Extended-Release Injectable Suspension (Vivitrol®)	1 unit/28 days

Possible Denial EOB Code

NCPDP reject code **88** (DUR Reject Error) mapped to EOB code **457** (Quantity and/or days supply exceeds program maximum)

Quantity Limit Point of Sale Override for Naloxone and Nalmefene (Opvee®)

Upon consultation with the prescriber to verify the necessity of the requested therapy or when the pharmacist uses professional judgement, the pharmacist may override the denial by submitting the following override codes at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted) or
NCPDP 440-E5 Field (Professional Service Code) **RØ** (Pharmacist Consulted other source)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)
NCPDP 441-E6 Field (Result of Service Code) **1B (**Filled, Prescription As Is)

Therapeutic Duplication

Pharmacy claims for **opiate dependence** agents are monitored at POS for duplication of therapy with one another.

Incoming prescriptions for **oral buprenorphine-containing** agents will deny when the recipient has an active prescription* for **any oral buprenorphine-containing** agent.

Incoming prescriptions for **injectable buprenorphine-containing** agents will deny when the recipient has an active prescription* for **any injectable buprenorphine-containing** agent.

Incoming pharmacy claims for **naltrexone** agents will deny when the recipient has an active prescription* on file for another **naltrexone** agent.

**An active prescription is a prescription in which the day supply has not expired.*

Possible Denial EOB Code

NCPDP reject code **88** (DUR Reject Error) mapped to EOB **482** (Therapeutic Duplication Denial, conflict code TD)

Note: Prescriptions that cause a therapeutic duplication and are written by the same prescriber may be overridden at POS. If the duplicate prescriptions are written by different prescribers, the incoming claim will deny with no POS override.

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

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

Therapeutic Duplication Buprenorphine-Containing Agents with Xyrem® (sodium oxybate) and Xywav™ (calcium, magnesium, potassium, and sodium oxybates)

Incoming prescriptions for **buprenorphine-containing** agents will deny at POS when there is an active prescription* on the recipient's file for **Xyrem® (sodium oxybate)** or **Xywav™ (calcium, magnesium, potassium, and sodium oxybates)**. Alternately, incoming pharmacy claims for **Xyrem® (sodium oxybate)** or **Xywav™ (calcium, magnesium, potassium, and sodium oxybates)** will deny when there is at least one active prescription* on the recipient's file for a **buprenorphine-containing** agent.

**An active prescription is a prescription in which the day supply has not expired.*

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB code **482** (Therapeutic Duplication)
There is no override available at POS.

4.3.141 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

4.3.142 Orlistat (Xenical®)

Pharmacy claims for **orlistat (Xenical®)** will be subject to the following:

- Age limit
- Diagnosis code requirement
- Quantity limit
- Specific prescription requirement

Age Limit

Pharmacy claims for **orlistat (Xenical®)** for recipients **less than 12 years of age** will deny.

Possible Denial EOB Code(s)
EOB code **234** (P/F Age Restriction) → NCPDP reject code **60** (Product/Service Not Covered for Patient Age)

Diagnosis Code Requirement
Pharmacy claims for **orlistat (Xenical®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

Quantity Limit
Pharmacy claims for **orlistat (Xenical®)** are limited to **3 capsules per day**.

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Specific Prescription Requirement
A recipient must have a documented **current body mass index (BMI) of 27 or greater**. The prescriber must identify the BMI on the original dated prescription or on a dated and signed attachment to the prescription.

4.3.143 Over-the-Counter (OTC) Agents

Only a limited number of non-legend or over-the-counter (OTC) agents are reimbursed by the Louisiana Medicaid program. For Medicaid reimbursement, these drugs must be prescribed by licensed practitioners. Providers must bill the NDC from the actual package dispensed. Also, the drug manufacturer must participate in the federal rebate program.

Note: Refer to the Louisiana Medicaid Provider Manual Chapter 37: Pharmacy Benefits Management Services for additional information.

Pharmacy claims for OTC agents are subject to edits for the following:

- Long Term Care (LTC) Recipients
- Preventive Care

Long Term Care (LTC) Recipients

LTC facilities are responsible for providing all 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.

Possible Denial EOB Code
NCPDP Reject Code **70** (Product/Service Not Covered) mapped to EOB Code **533** (OTC Drugs Are Part of the Per Diem for LTC recipients)

Over-the-Counter Agents for Preventive Care
In accordance with the U.S. Preventive Services Task Force (USPSTF) A and B Recommendations, pharmacy claims for preventive care medications are covered and exempt from copayments for eligible Medicaid recipients.

Select OTC agents for preventive care will be reimbursed when:

- The prescribing practitioner issues the beneficiary a prescription for the preventive care OTC agent; and
- The beneficiary meets the criteria to obtain the preventive care OTC agent

Generic Name	Medicaid Recipient	Preventive Care Indication
Aspirin 81mg*	Women ages 12 – 79 years	Cardiovascular Disease Colorectal Cancer Preeclampsia Prevention
	Men ages 45 – 79 years	
Folic Acid 0.4mg and 0.8mg	Women ages 12-54 years	Pregnancy Planning
Vitamin D 400 IU	Women ages 65 and older	Fall Prevention
	Men ages 65 and older	

*Pharmacy claims for aspirin 81mg are payable for recipients ages greater than 79. These claims will be subject to copayments.

Age Limit

Pharmacy claims for these select OTC agents will deny if the recipients are outside of the age limit listed

Possible Denial EOB Code

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

Copayment

Pharmacy claims for these OTC agents will be exempt from copayment.

4.3.144 Oxazolidinone Antibiotic Agents

Generic Name (Brand Name Example)
Linezolid in 0.9% Sodium Chloride IV, in Dextrose 5% IV, Suspension, Tablet (Zyvox®)*
Tedizolid IV, Tablet (Sivextro®)*

Pharmacy claims for **oxazolidinone antibiotic** agents will be subject to the following:

- Prior/clinical authorization

Prior/Clinical Authorization

Pharmacy claims for **all non-preferred oxazolidinone antibiotic** agents require prior authorization.

***All oxazolidinone antibiotic agents require additional clinical information for prior authorization review.**

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.145 Palivizumab (Synagis®)

Pharmacy claims for **palivizumab (Synagis®)** will be subject to the following.

- Clinical authorization
- Age limit
- Duration of therapy
- Early refill

Clinical Authorization
Pharmacy claims for **palivizumab (Synagis®)** require additional clinical information for prior authorization review. Palivizumab clinical authorization requests will be considered in accordance with an RSV season of November 1 through March 31.
For recipients who have received a dose of nirsevimab (Beyfortus™), requests for palivizumab will not be approved.

For recipients who are younger than 7 months of age and received protection from severe lower respiratory tract disease (LRTD) caused by RSV via maternal vaccination with Abrysvo™, requests for palivizumab will not be approved.

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 Prior Authorization Form
Louisiana Medicaid Palivizumab Clinical Authorization Form

https://www.ldh.la.gov/assets/medicaid/PharmPC/9.19.24/2/Palivizumab.Request.Form.with.Cover.Sheet.Oct.2024.pdf

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Age Limit
Pharmacy claims for **palivizumab (Synagis®)** are limited for use in recipients who are twenty-four (24) months of age or younger as of November 1 of the current Respiratory Syncytial Virus (RSV) season.

Possible Denial EOB Code
EOB code **234** (P/F Age Restriction) → NCPDP reject code **60** (Product/Service Not Covered for Patient Age)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy for recipients who are older than 24 months, the pharmacist may override the denial by submitting the following override at POS:

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)

Duration of Therapy
Pharmacy claims for **palivizumab (Synagis®)** are allowed in accordance with the RSV season of November 1 through March 31. Up to a maximum number of five (5) doses will be reimbursed during the RSV season. Qualifying infants born during the RSV season require fewer doses. A claim submitted for **palivizumab (Synagis®)** outside the maximum number of doses allowed will deny at POS.

Possible Denial EOB Code
EOB code **656** (Exceeds Maximum Duration of Therapy) → NCPDP rejection code **88** (DUR Reject Error)

Early Refill Limit
Pharmacy claims for **palivizumab (Synagis®)** will only process for payment every twenty-eight (28) days.

Possible Denial EOB Code(s)
EOB code **445** (Duplication drug therapy) → NCPDP rejection code **88** (DUR Reject Error)
EOB code **447** (Compliance Monitoring/Early or Late Refill) → NCPDP rejection code **88** (DUR Reject Error)

Point of Sale Override
After consultation with the prescriber, the pharmacist must document on the hardcopy prescription or in the pharmacy's electronic recordkeeping system, the reason the prescriber required the patient to receive the prescription early and the codes used to override the claim.

NCPDP 439-E4 field (Reason for Service Code) **ER*** (Overuse/Early Refill) or **ID*** (Ingredient Duplication)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Submit **ER (Overuse/Early Refill) when early refill denial is received by the same pharmacy. Submit **ID** (Ingredient Duplication) when early refill denial is received by a different pharmacy.*

4.3.146 Palovarotene (Sohonos™)

Pharmacy claims for **palovarotene (Sohonos™)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **palovarotene (Sohonos™)** require an appropriate diagnosis code entered at POS.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf[GJ1]

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.147 Pamidronate Disodium

Pharmacy claims for **pamidronate disodium** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **pamidronate disodium** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.148 Parkinson's Treatment Agents

Generic Name (Brand Name Example)	Generic Name (Brand Name Example)
Amantadine Capsule, Syrup, Tablet	Istradefylline Tablet (Nourianz™)
Amantadine Hydrochloride ER Capsule, ER Tablet (Gocovri®, Osmolex ER®)	Levodopa Capsule for Inhalation (Inbrija®)
Apomorphine Cartridge (Apokyn®)	Opicapone Capsule (Ongentys®)
Benztropine Tablet	Pramipexole ER Tablet, Tablet (Mirapex ER®)
Bromocriptine Capsule, Tablet	Rasagiline Tablet (Azilect®)
Carbidopa Tablet	Ropinirole ER Tablet, Tablet
Carbidopa/Levodopa Enteral Suspension (Duopa®)	Rotigotine Patch (Neupro®)
Carbidopa/Levodopa ER Capsule, ER Tablet (Crexont®; Rytary®)	Safinamide Tablet (Xadago®)
Carbidopa/Levodopa ODT, Tablet (Dhivy®, Sinemet®)	Selegiline Capsule, Disintegrating Tablet, Tablet (Zelapar®)
Carbidopa/Levodopa/Entacapone Tablet (Stalevo®)	Tolcapone Tablet
Entacapone Tablet	Trihexyphenidyl Elixir, Tablet
Foscarbidopa/Foslevodopa (Vyalev™)*	

**The above Parkinson's treatment agent requires additional clinical information for prior authorization review.*

Pharmacy claims for **Parkinson's treatment** agents will be subject to the following:

- Prior/clinical authorization

Prior/Clinical Authorization

Pharmacy claims for **all non-preferred Parkinson's treatment** agents require prior authorization.

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 Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

4.3.149 Pegcetacoplan (Empaveli®)

Pharmacy claims for **pegcetacoplan (Empaveli®)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **pegcetacoplan (Empaveli®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.150 Pegvaliase-pqpz (Palynziq™)

Pharmacy claims for **pegvaliase-pqpz (Palynziq™)** will be subject to the following.

- Clinical authorization
- Prior use requirement

Clinical Authorization
Pharmacy claims for **pegvaliase-pqpz (Palynziq™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Prior Use Requirement
Pharmacy reimbursement of **pegvaliase-pqpz (Palynziq™)** requires a pharmacy claim for an **auto-injectable epinephrine** agent within the previous year.

If the auto-injectable epinephrine agent is prescribed at the same time as pegvaliase-pqpz (Palynziq), the **auto-injectable epinephrine claim must be submitted first**.

Possible Denial EOB Code
EOB code **668** (Must have epinephrine injection filled within the last year) → NCPDP rejection code **70** (Product/Service Not Covered)

4.3.151 Penicillamine (Cuprimine®, Depen®)

Pharmacy claims for **penicillamine (Cuprimine®, Depen®)** will be subject to the following:

- Clinical authorization
- Quantity limit

Clinical Authorization
Pharmacy claims for **penicillamine (Cuprimine®, Depen®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for **penicillamine (Cuprimine®, Depen®)** will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name)	Quantity Limit
Penicillamine (Cuprimine®)	240 capsules per 30 days
Penicillamine (Depen®)	240 tablets per 30 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.152 Pituitary Suppressive Agents

Generic name (Brand Name Example)
Histrelin Implant Kit (Supprelin LA®)
Leuprolide Acetate Depot, Subcutaneous, Syringe, Vial (Eligard®, Fensolvi®, Lupron Depot®)
Leuprolide Mesylate Syringe (Camcevi™)
Nafarelin Acetate Nasal Solution (Synarel®)
Triptorelin Pamoate Vial (Trelstar®, Triptodur®)

Pharmacy claims for **pituitary suppressive** agents may be subject to the following:

- Prior authorization
- Diagnosis code requirement

Prior Authorization
Pharmacy claims for **all non-preferred pituitary suppressive** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Diagnosis Code Requirement
Pharmacy claims for **all pituitary suppressive** agents must be submitted with an appropriate diagnosis code.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

Required NCPDP Field
NCPDP **424-DO** field (Diagnosis Code)

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.153 Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis Agents

Generic Name (Brand Name Example)
Eplontersen (Wainua™)
Inotersen (Tegsedi®)
Patisiran (Onpattro®)
Vutrisiran (Amvuttra™)

Pharmacy claims for agents to treat **Polyneuropathy of Hereditary Transthyretin–Mediated Amyloidosis** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for agents to treat **Polyneuropathy of Hereditary Transthyretin–Mediated Amyloidosis** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.154 Pompe Disease Agents

Generic Name (Brand Name Example)
Alglucosidase alfa injection (Lumizyme®)
Avalglucosidase alfa-ngpt (Nexviazyme™)
Cipaglucosidase alfa-atga – Pombiliti™ + Miglustat – Opfolda™

Pharmacy claims for **Pompe Disease** agents will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **Pompe Disease** agents require an appropriate diagnosis code entered at POS.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.155 Potassium Binder Agents

Generic Name (Brand Name Example)
Patiromer Sorbitex Calcium Powder (Veltassa®)*
Sodium Polystyrene Sulfonate Powder
Sodium Zirconium Cyclosilicate (Lokelma®)

**The above potassium binder agent requires additional clinical information for prior authorization review.*

Pharmacy claims for select **potassium binder** agents will be subject to the following:

- Prior/clinical authorization
- Quantity limit

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred potassium binder** agents require prior authorization.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for the following **potassium binder** agent will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Patiromer (Veltassa®)	30 packets/30 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.156 Progestational Agents

Generic Name (Brand Name Example)
Hydroxyprogesterone Caproate IM Injection*
Medroxyprogesterone Acetate IM, SQ Injection (Depo-Provera®)*
Medroxyprogesterone Acetate Tablet (Provera®)*
Norethindrone Acetate Tablet (Aygestin®)*
Progesterone Capsule, IM Injection (Prometrium®)*
Progesterone, Micronized Capsule,Vaginal Gel (Crinone®)

Pharmacy claims for progestational agents may require the following:

- Prior authorization
- Day Supply
- Diagnosis code requirement

Prior Authorization
Pharmacy claims for **all non-preferred progestational** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Day Supply
Pharmacy claims for select **progestational** agents dispensed with the following quantities are limited to specific days supply as listed in the chart.

Generic Name (Brand Name Example)	Quantity Dispensed	Days Supply
Medroxyprogesterone Acetate Injection (Depo-Provera®)	1 ml	84 days*
Medroxyprogesterone Acetate SQ Injection (Depo-Provera®)	0.65 ml	84 days**

*Pharmacy claims for billed for **medroxyprogesterone acetate injection** with a quantity of 1 ml and a days' supply less than 84 days will deny.
Pharmacy claims for billed for **medroxyprogesterone acetate SQ injection billed with a quantity of 0.65 ml and a days' supply less than 84 days will deny.

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **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)

Note: There is no provision for overrides for the following scenarios:
Pharmacy claims for **medroxyprogesterone acetate injection (Depo-Provera®)** with quantities of two and greater will deny.
Pharmacy claims for **medroxyprogesterone acetate SQ injection (Depo-Provera®)** with quantities of 1.3 and greater will deny.
Diagnosis Code Requirement

*Pharmacy claims for select **progestational** agents must be submitted with a valid diagnosis code for recipients who are **younger than 18 years of age**. Pharmacy claims which are submitted with a diagnosis code associated with gender dysphoria or gender reassignment will deny.

Pharmacy claims for the following **progestational** agent require an appropriate diagnosis code for recipients of any age.

Generic Name (Brand Name Example)
Progesterone, Micronized Vaginal Gel (Crinone®)

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.157 Proton Pump Inhibitors (PPIs)

Generic Name (Brand Name Example)
Dexlansoprazole Capsule (Dexilant®)
Esomeprazole Capsule, Suspension (Nexium®)
Lansoprazole Capsule, ODT (Prevacid®, Prevacid SoluTab®)
Omeprazole Capsule Rx, Granules for Suspension (Prilosec®)
Omeprazole/Sodium Bicarbonate Capsule Rx, Oral Suspension, Packet (Konvomep®, Zegerid®)
Pantoprazole Suspension, Tablet (Protonix®)
Rabeprazole Tablet (AcipHex®)

Pharmacy claims for **proton pump inhibitors (PPIs)** may be subject to following edits:

- Prior authorization
- Duration of therapy
- Quantity limit
- Therapeutic duplication

Prior Authorization
Pharmacy claims for **all non-preferred PPIs** require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Duration of Therapy
Pharmacy claims for **all PPIs** are subject to a duration of therapy limit of **180 days** in a rolling **365-day period**.

Duration of Therapy Exemptions
The following conditions are exempt from the duration of therapy limit:

- Recipients under six (6) years of age OR
- Recipients receiving pancreatic enzymes OR
- Pharmacy claims submitted with an appropriate bypass diagnosis code

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
Claims submitted without a bypass diagnosis code and utilization beyond the duration of therapy limit will deny with:

EOB code **697 (**Exceeds Maximum Duration; MD must fax Prescription Override Form to 866-797-2329) → NCPDP reject code **88** (DUR Reject Error)

Required Prior Authorization Form
The Louisiana Uniform Prescription Drug Prior Authorization Form should be utilized to request an override of the 180- day duration of therapy limit for both preferred and non-preferred PPIs for recipients to whom an exemption does not apply.

Quantity Limit
Pharmacy claims for **PPIs** will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit per 30 Days
Dexlansoprazole Capsule (Dexilant®)	30 capsules
Esomeprazole Capsule (Nexium®)	30 capsules
Esomeprazole Granules for Oral Suspension (Nexium®)	1 carton of 30 packets
Lansoprazole Capsule (Prevacid®)	30 capsules
Lansoprazole ODT (Prevacid® SoluTab®)	30 tablets
Omeprazole Capsule/Tablet (Prilosec®)	30 capsules/tablets
Omeprazole Granules for Oral Suspension (Prilosec®)	1 carton of 30 packets
Omeprazole/Sodium Bicarbonate Capsule (Zegerid®)	30 capsules
Omeprazole/Sodium Bicarbonate Packet (Zegerid®)	30 packets
Omeprazole/Sodium Bicarbonate Suspension (Konvomep™)	600 ml
Pantoprazole Granules for Oral Suspension (Protonix®)	1 carton of 30 packets
Pantoprazole Tablet (Protonix®)	30 tablets
Rabeprazole Sprinkle Capsule (AcipHex® Sprinkle™)	30 capsules
Rabeprazole Tablet (AcipHex®)	30 tablets

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Therapeutic Duplication
Pharmacy claims for **PPIs** will deny at POS with a therapeutic duplication if there is an active claim* for **another PPI** on the recipient's file.

Possible Denial EOB Code
EOB code **482** (Therapeutic Duplication) → NCPDP rejection code **88** (DUR Reject Error)

Point of Sale Override
There are no provisions for NCPDP override codes to be entered by the pharmacist at POS.

Therapeutic Duplication of PPIs with Vonoprazan (Voquezna®)
An incoming pharmacy claim for **vonoprazan (Voquezna®)** will deny when the recipient has an active prescription* for a **PPI** and **vice versa**.

**An active claim is a claim where the days supply has not expired.*

Possible Denial EOB Code
EOB Code **482** (Therapeutic Duplication - TD) → NCPDP rejection code **88** (DUR Reject Error)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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)

4.3.158 Pulmonary Arterial Hypertension (PAH) Agents

Generic Name (Brand Name Example)
Ambrisentan Tablet (Letairis®)
Bosentan Suspension, Tablet (Tracleer®)
Epoprostenol Sodium (Flolan®, Veletri®)
Iloprost Inhalation Solution (Ventavis®)
Macitentan Tablet (Opsumit®)
Macitentan and Tadalafil (Opsynvi®)
Riociguat Tablet (Adempas®)
Selexipag Tablet, Dose Pack (Uptravi®)
Sildenafil Oral Suspension, Tablet (Liqrev®, Revatio®)
Sotatercept-csrk (Winrevair™)
Tadalafil Suspension, Tablet (Adcirca®, Tadliq®)
Treprostinil ER Tablet, Inhalation Powder, Inhalation Solution (Orenitram®, Tyvaso®)
Treprostinil Sodium Injection (Remodulin®)

Pharmacy claims for agents for the treatment of **pulmonary arterial hypertension (PAH)** may be subject to the following.

- Prior authorization
- Diagnosis code requirement
- Drug to drug interaction
- Quantity limit

Prior Authorization
Pharmacy claims for **all non-preferred PAH** treatment agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Diagnosis Code Requirement
Pharmacy claims for **all PAH** treatment agents require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

Drug to Drug Interaction
Pharmacy claims for **sildenafil, tadalafil** and **macitentan/tadalafil (Opsynvi®)** are monitored at the pharmacy POS for a drug-drug interaction with **nitrates**.

- Incoming prescriptions for **sildenafil, tadalafil** or **macitentan/tadalafil (Opsynvi®)** will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for a **nitrate**.
- Incoming prescriptions for a **nitrate** will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for **sildenafil, tadalafil or macitentan/tadalafil (Opsynvi®).**

Possible Denial EOB Code
EOB code **471 (**Drug-Drug Interaction) → NCPDP rejection code **88** (DUR Reject Error)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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)

Quantity Limit
Pharmacy claims for the following **PAH** treatment agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Ambrisentan Tablet (Letairis®)	30 tablets per 30 days
Bosentan Tablet for Suspension (Tracleer®)	120 tablets per 30 days
Bosentan Tablet (Tracleer®)	60 tablets per 30 days
Iloprost Inhalation Solution (Ventavis®)	9 cartons per 30 days
Macitentan Tablet (Opsumit®)	30 tablets per 30 days
Macitentan and Tadalafil (Opsynvi®)	30 tablets per 30 days
Riociguat Tablet (Adempas®)	90 tablets per 30 days
Selexipag Dose Pack (Uptravi®)	1 dose pack per 365 days
Selexipag Tablet (Uptravi®)	60 tablets per 30 days
Sildenafil Oral Suspension (Liqrev®)	1 bottle (122ml) per 20 days

Generic Name (Brand Name Example)	Quantity Limit
Sildenafil Powder for Oral Suspension (Revatio®)	1 bottle (112ml) per 19 days
Sildenafil Tablet (Revatio®)	90 tablets per 30 days
Sotatercept-csrk (Winrevair™)	1 kit per 21 days
Tadalafil Tablet (Alyq™; Adcirca®)	60 tablets per 30 days
Tadalafil Suspension (Tadliq®)	2 bottles (300ml) per 30 days
Treprostinil ER Tablet Titration Kit (Month 1, 2, 3) (Orenitram®)	1 of each kit per 365 days
Treprostinil Inhalation Solution Starter Kit with Device (Tyvaso®)	1 starter kit per 2 years
Treprostinil Inhalation Solution Refill Kit (Tyvaso®)	1 refill kit per 28 days
Treprostinil Inhalation Powder Titration Kit (Tyvaso DPI™)	1 titration kit per 365 days
Treprostinil Inhalation Maintenance Kit (Tyvaso DPI™)	1 kit per 28 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify medical necessity of excessive quantity, the pharmacist may override the denial by submitting the following override codes at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.159 Pyrimethamine (Daraprim®)

Pharmacy claims for **pyrimethamine (Daraprim®)** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **pyrimethamine (Daraprim®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.160 Quinine Sulfate (Qualaquin®)

Pharmacy claims for **quinine sulfate (Qualaquin®)** will be subject to the following.

- Day supply
- Diagnosis code requirement
- Quantity limit

Day Supply
Pharmacy claims for **quinine sulfate (Qualaquin®)** are limited to a maximum **seven-day** supply **per 365-day period.**

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify medical necessity of excessive quantity, the pharmacist may override the denial by submitting the following override codes at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Diagnosis Code Requirement
Pharmacy claims for **quinine sulfate (Qualaquin®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

Quantity Limit
Pharmacy claims for **quinine sulfate (Qualaquin®)** will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Quinine Sulfate (Qualaquin®)	42 capsules per 365 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify medical necessity of excessive quantity, the pharmacist may override the denial by submitting the following override codes at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.161 Ravulizumab-cwvz (Ultomiris®)

Pharmacy claims for **ravulizumab-cwvz (Ultomiris®)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **ravulizumab-cwvz (Ultomiris®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.162 Ranolazine (Ranexa®, Aspruzyo Sprinkle™)

Pharmacy claims for **ranolazine (Ranexa®, Aspruzyo Sprinkle™)** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **ranolazine (Ranexa®, Aspruzyo Sprinkle™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.163 Repository Corticotropin (Acthar® Gel, Cortrophin™ Gel)

Pharmacy claims for **repository corticotropin (Acthar® Gel, Cortrophin™ Gel)** will be subject to the following:

- Clinical authorization

Clinical Authorization
Pharmacy claims for **repository corticotropin (Acthar® Gel, Cortrophin™ Gel)** require additional clinical information for authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.164 Resmetirom (Rezdiffra®)

Pharmacy claims for **resmetirom (Rezdiffra®)** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **resmetirom (Rezdiffra®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.165 Ritlecitinib (Litfulo™)

Pharmacy claims for **ritlecitinib (Litfulo™)** will be subject to the following:

- Clinical authorization

Clinical Authorization
Pharmacy claims for **ritlecitinib (Litfulo™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

4.3.166 Rozanolixizumab-noli (Rystiggo®)

Pharmacy claims for **rozanolixizumab-noli (Rystiggo®)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **rozanolixizumab-noli (Rystiggo®)** must be submitted with a valid diagnosis code.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.167 Sapropterin Dihydrochloride (Javygtor™, Kuvan®)

Pharmacy claims for **sapropterin dihydrochloride (Javygtor™, Kuvan®)** will be subject to the following:

- Clinical authorization

Clinical Authorization
Pharmacy claims for **sapropterin dihydrochloride (Javygtor™, Kuvan®)** require clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

4.3.168 Sedative Hypnotics

Generic Name (Brand Name Example)
Daridorexant (Quviviq™)
Dexmeditomidine Film (Igalmi™)
Doxepin Tablet (Silenor®)
Estazolam Tablet (ProSom®)
Eszopiclone Tablet (Lunesta®)
Flurazepam Capsule
Lemborexant (Dayvigo®)
Quazepam (Doral®)
Ramelteon Tablet (Rozerem®)
Suvorexant Tablet (Belsomra®)
Tasimelteon Capsule, Tablet (Hetlioz™, Hetlioz LQ™)*
Temazepam Capsule (Restoril®)
Triazolam Tablet (Halcion®)
Zaleplon Capsule (Sonata®)
Zolpidem Tartrate Capsule, ER Tablet, Tablet (Ambien®, Ambien CR®)
Zolpidem Tartrate Sublingual Tablet (Edluar®, Intermezzo®)

**The above sedative hypnotic agent requires additional clinical information for prior authorization review.*

Pharmacy claims for select **sedative hypnotic** agents may require the following:

- Prior/clinical authorization
- Behavioral health clinical authorization for ages less than 7 years
- Concurrent Use
- Diagnosis code requirement
- Maximum daily dose
- Quantity limit
- Therapeutic duplication

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred sedative hypnotic** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Behavioral Health Clinical Authorization Requirement for Ages Less Than 7 Years
Pharmacy claims for **doxepin 10mg – 150mg** for recipients less than 7 years old will be reimbursed at POS when the prescriber has obtained an approved clinical authorization.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Concurrent Use with Armodafinil (Nuvigil®) and Modafinil (Provigil®)

- Pharmacy claims for **sedative hypnotics** will deny if there is an active claim* on the recipient's file for **armodafinil (Nuvigil®) or modafinil (Provigil®).**

- Pharmacy claims for **armodafinil (Nuvigil®) or modafinil (Provigil®),** will deny at Point of Sale (POS) when there is an active claim* on the recipient's file for a **sedative hypnotic**.

  **An active claim is a claim where the days supply has not expired.*

Possible Denial EOB Code
EOB code **531** (Drug Use Not Warranted) → NCPDP reject code **88** (DUR Reject Error)

Point of Sale Override
After consultation with the prescriber to verify the necessity of both agents, the pharmacist may override the denial by submitting:

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

Concurrent Use with Pitolisant (Wakix®) and Solriamfetol (Sunosi®)

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

- Pharmacy claims for **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**.

  **An active claim is a claim where the days supply has not expired.*

Possible Denial EOB Code
EOB code **423** (Additive Toxicity) → NCPDP reject code **88** (DUR Reject Error)

Point of Sale Override
After consultation with the prescriber to verify the necessity of both agents, the pharmacist may override the denial by submitting:

NCPDP 439-E4 field (Reason for Service Code) **AT** (Additive Toxicity)
NCPDP 440-E5 field (Professional Service Code) **M0** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Diagnosis Code Requirement
Pharmacy claims for **dexmedetomidine (Igalmi™)** require an appropriate diagnosis code entered at POS.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

Maximum Daily Dose
Pharmacy claims for the following **sedative hypnotic** agents are limited to a maximum daily dose.

Generic Name (Brand Name Example)	Maximum Dose Per Day
Daridorexant (Quviviq™)	50mg/day
Doxepin Tablet (Silenor®)	6mg/day
Estazolam Tablet (ProSom®)	2mg/day
Eszopiclone Tablet (Lunesta®)	3mg/day
Flurazepam Capsule (Dalmane®)	30mg/day
Lemborexant (Dayvigo®)	10mg/day
Quazepam (Doral®)	15mg/day
Ramelteon Tablet (Rozerem®)	8mg/day
Suvorexant Tablet (Belsomra®)	20mg/day
Tasimelteon (Hetlioz™)	20mg/day
Temazepam Capsule (Restoril®)	30mg/day
Triazolam Tablet (Halcion®)	0.5mg/day
Zaleplon Capsule (Sonata®)	20mg/day

Generic Name (Brand Name Example)	Maximum Dose Per Day
Zolpidem IR (Ambien®)	10mg/day
Zolpidem ER (Ambien CR®)	12.5mg/day
Zolpidem Oral Spray (ZolpiMist®)	10mg (2 sprays)/day
Zolpidem Sublingual Tablet (Edluar®)	10mg/day
Zolpidem Sublingual Tablet (Intermezzo®)	1.75mg/day (female)
Zolpidem Sublingual Tablet (Intermezzo®)	3.5mg/day (male)

Possible Denial EOB Code
EOB code **529** (High-Dose Exceeds Max Daily) → NCPDP rejection code **88** (DUR Reject Error)

Quantity Limit
Pharmacy claims for select **sedative hypnotic** agents (except dexmedetomidine, tasimelteon capsules and zolpidem tartrate oral spray) will be subject to the following quantity limits.

Generic Name (Brand Name Example)	Naïve 7-day supply per rolling 30 days[1]	Chronic Use 15-day supply per 30 rolling days[2]
Daridorexant (Quviviq™)	7 tablets	15 tablets
Doxepin Tablet (Silenor®)	7 tablets	15 tablets
Estazolam Tablet (ProSom®)	7 tablets	15 tablets
Eszopiclone Tablet (Lunesta®)	7 tablets	15 tablets
Flurazepam Capsule (Dalmane®)	7 capsules	15 capsules
Lemborexant (Dayvigo®)	7 tablets	15 tablets
Ramelteon Tablet (Rozerem®)	7 tablets	15 tablets
Suvorexant Tablet (Belsomra®)	7 tablets	15 tablets
Tasimelteon (Hetlioz LQ™)	N/A	158 ml per 31 days
Temazepam Capsule (Restoril®)	7 capsules	15 capsules
Triazolam Tablet (Halcion®)	7 tablets	15 tablets
Zaleplon Capsule (Sonata®)	7 capsules	15 capsules
Zolpidem IR (Ambien®)	7 tablets	15 tablets
Zolpidem ER (Ambien CR®)	7 tablets	15 tablets
Zolpidem 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.)

Exclusions for Quantity Limit for Oral Sedative Hypnotic Agents
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.

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Therapeutic Duplication

Pharmacy claims for **sedative-hypnotic** agents will deny at POS with a therapeutic duplication if there is an active claim* for another **sedative-hypnotic** agent.

**An active claim is a claim where the days supply has not expired.*

Possible Denial EOB Code
EOB code **482** (Therapeutic Duplication) → NCPDP rejection code **88** (DUR Reject Error)

Point of Sale Override
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) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Documentation Required
Override codes must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Therapeutic Duplication with Xyrem® (sodium oxybate) and Xywav™ (calcium, magnesium, potassium, and sodium oxybates)
Incoming prescriptions for **sedative-hypnotic** agents will deny at POS when there is an active prescription* on the recipient's file for **Xyrem® (sodium oxybate)** or **Xywav™ (calcium, magnesium, potassium, and sodium oxybates)**. Alternately, incoming pharmacy claims for **Xyrem® (sodium oxybate)** or **Xywav™ (calcium, magnesium, potassium, and sodium oxybates)** will deny when there is at least one active prescription* on the recipient's file for a **sedative-hypnotic** agent.

**An active prescription is a prescription in which the days supply has not expired.*

Possible Denial EOB Code
EOB code **482** (Therapeutic Duplication) → NCPDP rejection code **88** (DUR Reject Error)

There is no override available at POS.

4.3.169 Selective Serotonin Reuptake Inhibitors

Generic Name (Brand Name Example)
Citalopram Capsule, Solution, Tablet (Celexa®)
Escitalopram Solution, Tablet (Lexapro®)
Fluoxetine Capsule, DR Capsule, Solution, Tablet (Prozac®)
Fluoxetine/Olanzapine (Symbyax®)*
Fluvoxamine Maleate ER Capsule, Tablet
Paroxetine CR Tablet, Suspension, Tablet (Paxil®)
Paroxetine Mesylate Capsule, Tablet (Brisdelle®, Pexeva®)
Sertraline Capsule, Concentrate, Tablet (Zoloft®)

**Refer to Antipsychotic, Oral/Transdermal Agents for additional information.*

Pharmacy claims for **selective serotonin reuptake inhibitors (SSRIs)** will be subject to the following:

- Prior authorization
- Behavioral health clinical authorization for ages less than 7 years
- Diagnosis code requirement
- Therapeutic duplication

Prior Authorization
Pharmacy claims for **all non-preferred SSRIs** require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Behavioral Health Clinical Authorization Requirement for Ages Less Than 7 Years
Pharmacy claims for **SSRIs** [except paroxetine mesylate (Brisdelle®)], for recipients less than 7 years old will be reimbursed at POS when the prescriber has obtained an approved Clinical Authorization.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Diagnosis Code Requirement
Pharmacy claims for **paroxetine mesylate (Brisdelle®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf[GJ1]

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

Therapeutic Duplication
Pharmacy claims for **SSRIs** will deny at POS if there is an active claim* on the recipient's file for another **SSRI**.
**An active claim is a claim where the days supply has not expired.*

Pharmacy claims for **olanzapine/fluoxetine (Symbyax®)** will deny when there is an active prescription for an **oral or transdermal antipsychotic** agent **and/or** an active prescription for a **SSRI** on the recipient's file.

Possible Denial EOB Code
EOB Code **482** (Therapeutic Duplication - TD) → NCPDP rejection code **88** (DUR Reject Error)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **TD** (Therapeutic Duplication)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1A** (Filled as Is; False Positive)
NCPDP 441-E6 field (Result of Service Code) **1B** (Filled, Prescription As Is)
NCPDP 441-E6 field (Result of Service Code) **1C** (Filled with Different Dose)
NCPDP 441-E6 field (Result of Service Code) **1D** (Filled with Different Directions)
NCPDP 441-E6 field (Result of Service Code) **1E** (Filled with Different Drug)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.170 Sickle Cell Anemia

Generic Name (Brand Name Example)
Crizanlizumab-tmca Infusion (Adakveo®)*
Exagamglogene autotemcel (Casgevy™)*
Hydroxyurea Capsule, Tablet (Droxia®, Siklos®)
L-glutamine Powder Pack (Endari™)*
Lovtibeglogene autotemcel (Lyfgenia®)*

**The above sickle cell anemia treatment agents require additional clinical information for prior authorization review.*

Pharmacy claims for agents for the treatment of **sickle cell anemia** will be subject to the following:

- Prior/clinical authorization

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred** agents for the treatment of **sickle cell anemia** require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.171 Skeletal Muscle Relaxant Agents

Generic Name (Brand Name Example)
Baclofen Granule Pack, Solution, Suspension, Tablet (Fleqsuvy®, Lyvispah™)
Carisoprodol Tablet (Soma®)
Carisoprodol Compound Tablet
Chlorzoxazone Tablet (Lorzone®)
Cyclobenzaprine ER Capsule, Tablet (Amrix®, Fexmid®)
Dantrolene Sodium Capsule (Dantrium®)
Metaxalone Tablet
Methocarbamol Tablet
Orphenadrine ER Tablet
Orphenadrine/Aspirin/Caffeine (Norgesic®, Norgesic Forte®)
Tizanidine Capsule, Tablet (Zanaflex®)

Pharmacy claims for select **skeletal muscle relaxant** agents will be subject to the following:

- Prior authorization
- Quantity limit
- Therapeutic duplication

Prior Authorization
Pharmacy claims for **all non-preferred skeletal muscle relaxant** agents require prior authorization.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for the following **skeletal muscle relaxant** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Baclofen 5mg	120 Units
Baclofen 10mg	120 Units
Baclofen 15mg	120 Units
Baclofen 20mg	120 Units
Cyclobenzaprine 5mg	90 Units
Cyclobenzaprine 7.5mg	90 Units
Cyclobenzaprine 10mg	90 Units

Generic Name (Brand Name Example)	Quantity Limit
Cyclobenzaprine 15mg	30 Units
Cyclobenzaprine 30mg	30 Units
Tizanidine 2mg	90 Units
Tizanidine 4mg	90 Units
Tizanidine 6mg	180 Units
Carisoprodol-containing products have a quantity limit of 90 tablets per rolling 90 days. The quantity limit applies to all strengths and combinations of carisoprodol.	

A quantity limit denial override for the above **skeletal muscle relaxant** agents must be addressed with a prior authorization.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Therapeutic Duplication with Xyrem® (sodium oxybate) and Xywav™ (calcium, magnesium, potassium, and sodium oxybates)
Incoming prescriptions for **skeletal muscle relaxant** agents will deny at POS when there is an active prescription* on the recipient's file for **Xyrem® (sodium oxybate)** or **Xywav™ (calcium, magnesium, potassium, and sodium oxybates)**. Alternately, incoming pharmacy claims for **Xyrem® (sodium oxybate)** or **Xywav™ (calcium, magnesium, potassium, and sodium oxybates)** will deny when there is at least one active prescription* on the recipient's file for **skeletal muscle relaxant** agent.

**An active prescription is a prescription in which the days supply has not expired.*

Possible Denial EOB Code
EOB code **482** (Therapeutic Duplication) → NCPDP rejection code **88** (DUR Reject Error)
There is no override available at POS.

4.3.172 Smoking Cessation Products

Generic Name (Brand Name Example)
Bupropion SR Tablet
Nicotine Buccal Gum OTC, Buccal Lozenge OTC
Nicotine Inhaler (Nicotrol Inhaler®)
Nicotine Nasal Spray (Nicotrol Nasal Spray®)
Nicotine Patch OTC
Varenicline Tablet (Chantix®)

Pharmacy claims for **smoking cessation** products may be subject to the following:

- Prior authorization
- Duration of therapy
- Quantity limit

Prior Authorization

Pharmacy claims for all non-preferred **smoking cessation** products require prior authorization.

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

Required Prior Authorization Form

Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **485** (Prior Authorization Required)

Duration of Therapy

Pharmacy claims for select **smoking cessation** products are limited to a duration of therapy.

Generic Name	Maximum Duration of Therapy
Nicotine Patches	168 days per rolling 365 days

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB code **656** (Exceeds Maximum Duration of Therapy)

Point of Sale Override

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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)

Quantity Limit

Pharmacy claims for the following **smoking cessation** products will be subject to a quantity limit as listed in the chart.

Generic Name	Quantity Limit
Nicotine Patches	One (1) patch per day

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB code **457** (Quantity Exceeds Maximum)

Point of Sale Override

Upon consultation with the prescriber to verify medical necessity of excessive quantity, the pharmacist may override the denial by submitting the following override codes at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.173 Sodium Oxybate (Xyrem®) and Calcium, Magnesium, Potassium and Sodium Oxybates (Xywav®)

Pharmacy claims for **sodium oxybate (Xyrem®)** and **oxybate salts (Xywav®)** will be subject to the following.

- Clinical authorization
- Therapeutic duplication

Clinical Authorization
Pharmacy claims for **sodium oxybate (Xyrem®)** and **oxybate salts (Xywav®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Therapeutic Duplication
Incoming pharmacy claims for **sodium oxybate (Xyrem®)** or **oxybate salts (Xywav™)** will deny at POS when there is at least one active prescription* on the recipient's file for a **CNS depressant** agent, whether as a single entity or as a component of a combination product. Alternately, incoming prescriptions for a **CNS depressant** agent will deny at POS when there is an active prescription on the recipient's file for **sodium oxybate (Xyrem®)** or **oxybate salts (Xywav™)**.

CNS depressant agents include but are not limited to the agents listed below. Additional contraindicated medications may be added to this list.

Alprazolam	Codeine	Levorphanol	Orphenadrine	Tapentadol
Baclofen	Cyclobenzaprine	Lorazepam	Oxazepam	Tasimelteon
Buprenorphine	Dantrolene	Meperidine	Oxycodone	Temazepam
Buspirone	Diazepam	Meprobamate	Oxymorphone	Tizanidine
Butalbital	Dihydrocodeine	Metaxalone	Pentazocine	Tramadol
Butorphanol	Estazolam	Methadone	Phenobarbital	Triazolam
Carisoprodol	Eszopiclone	Methocarbamol	Quazepam	Zaleplon
Chlordiazepoxide	Fentanyl	Midazolam	Ramelteon	Zolpidem
Chlorzoxazone	Flurazepam	Morphine	Remifentanil	
Clonazepam	Hydrocodone	Nalbuphine	Sufentanil	
Clorazepate	Hydromorphone	Opium	Suvorexant	

**An active prescription is a prescription in which the days supply has not expired.*

4.3.174 Sofpironium (Sofdra™)

Pharmacy claims for **sofpironium (Sofdra™)** are subject to the following:

- Clinical authorization
- Quantity limit

Clinical Authorization

Pharmacy claims for **sofpironium (Sofdra™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code

NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB code **066** (Clinical Authorization Required)

Quantity Limit

Pharmacy claims for **sofpironium (Sofdra™)** will be subject to a quantity limit of **one bottle (50 ml) per 30 days.**

Possible Denial EOB Code

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity and/or days' supply exceeds program maximum)

Point of Sale Override

Upon consultation with the prescriber to verify medical necessity of the excessive quantity, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.175 Spinal Muscular Atrophy Agents

Generic Name (Brand Name)
Nusinersen (Spinraza®)
Onasemnogene abeparvovec-xioi (Zolgensma®)
Risdiplam (Evrysdi®)

Pharmacy claims for select **Spinal Muscular Atrophy** agents will be subject to the following:

- Prior/clinical authorization
- Quantity limit

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred Spinal Muscular Atrophy** agents require prior authorization.

All Spinal Muscular Atrophy agents require additional clinical information for prior authorization review.

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

Required Prior Authorization Form(s)
Prior authorization requests for **nusinersen (Spinraza®)** should be completed on the Spinraza® Prior Authorization Form:

https://www.ldh.la.gov/assets/docs/BayouHealth/Pharmacy/1.12.24/Spinraza.Form.with.Cover.Sheet.Jan.2024.pdf

Prior authorization requests for **all other Spinal Muscular Atrophy** agents should be completed on the Louisiana Uniform Prescription Drug Prior Authorization Form.

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for the following **Spinal Muscular Atrophy** agent will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name)	Quantity Limit
Risdiplam (Evrysdi®)	160ml (2-80ml bottles) every 24 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.176 Spironolactone

Pharmacy claims for **spironolactone** may require the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **spironolactone** must be submitted with a valid diagnosis code for recipients who are **younger than 18 years of age**. Pharmacy claims which are submitted with a diagnosis code associated with gender dysphoria or gender reassignment will deny.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf

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

Required NCPDP Field
NCPDP **424-DO** field (Diagnosis Code)

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.177 Statin Agents

Generic Name (Brand Name Example)
Amlodipine/Atorvastatin Tablet (Caduet®)
Atorvastatin Tablet (Lipitor®)
Atorvastatin Calcium (Atorvaliq®)
Ezetimibe/Simvastatin Tablet (Vytorin®)
Fluvastatin Capsule, ER Tablet (Lescol XL®)
Lovastatin ER Tablet, Tablet (Altoprev®)
Pitavastatin Tablet (Livalo®, Zypitamag®)
Pravastatin Tablet
Rosuvastatin Capsule, Tablet (Crestor®, Ezallor™ Sprinkle)
Simvastatin Tablet (Zocor®)

Pharmacy claims for select **statin** agents will be subject to the following:

- Prior authorization
- Therapeutic duplication

Prior Authorization
Pharmacy claims for **all non-preferred statin** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Therapeutic Duplication
Pharmacy claims for **amlodipine/atorvastatin (Caduet®)** will deny at POS if there is an active claim* on the recipient's file for **another calcium channel blocker** agent.
**An active claim is a claim where the days supply has not expired.*

Possible Denial EOB Code
EOB Code **482** (Therapeutic Duplication - TD) → NCPDP rejection code **88** (DUR Reject Error)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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)

4.3.178 Steroids – Very High Potency Topical Agents

Generic Name (Brand Name Example)
Clobetasol Propionate Cream, Emollient, Emulsion Foam, Foam, Gel, Lotion, Ointment, Shampoo, Solution, Spray (Olux®)
Clobetasol/Skin Cleanser No. 28 (Clodan® Kit)
Diflorasone Diacetate Cream (Apexicon E®)
Halobetasol Propionate Cream, Foam, Lotion, Ointment (Ultravate®)

Pharmacy claims for select **very high potency topical steroid** agents will be subject to the following:

- Prior authorization
- Quantity limit

Prior Authorization

Pharmacy claims for **all non-preferred very high potency topical steroid** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required)→ NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit

Pharmacy claims for the following **very high potency topical steroid** agents will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Clobetasol Propionate 0.05% Cream	100gm per 30 days
Clobetasol Propionate 0.05% Ointment	120gm per 30 days
Clobetasol Propionate 0.05% Solution	100ml per 30 days

A quantity limit denial override for the above **very high potency topical steroid** agents must be address with a prior authorization.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
NCPDP rejection code **75** (Prior Authorization Required) mapped to EOB Code **153** (Quantity Exceeds Max-MD Fax Override Form 866-797-2329)

4.3.179 Sulfonylurea Agents

Generic Name (Brand Name Example)
Glimepiride Tablet (Amaryl®)
Glipizide Tablet, ER Tablet (Glucotrol®, Glucotrol® XL)
Glyburide Micronized (Glynase®)

Pharmacy claims for select **sulfonylurea** agents will be subject to the following:

- Prior authorization
- Therapeutic duplication

Prior Authorization

Pharmacy claims for **all non-preferred sulfonylurea** agents require prior authorization.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Therapeutic Duplication

A pharmacy claim for a **sulfonylurea** agent will deny at POS if there is an active claim* on the recipient's file for another **sulfonylurea** agent.

**An active claim is a claim where the days supply has not expired.*

Possible Denial EOB Code
EOB Code **482** (Therapeutic Duplication - TD) → NCPDP rejection code **88** (DUR Reject Error)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **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)

4.3.180 Tafamidis (Vyndaqel®, Vyndamax®)

Generic Name (Brand Name Example)
Tafamidis (Vyndaqel®)
Tafamidis (Vyndamax®)

Pharmacy claims for **tafamidis (Vyndaqel®, Vyndamax®)** are subject to the following:

- Clinical authorization
- Quantity limit

Clinical Authorization
Pharmacy claims for **tafamidis (Vyndaqel®, Vyndamax®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for **tafamidis (Vyndaqel®, Vyndamax®)** will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Tafamidis (Vyndaqel®)	120 capsules per 30 days
Tafamidis (Vyndamax®)	30 capsules per 30 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify medical necessity of the excessive quantity, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)

4.3.181 Teduglutide (Gattex®)

Pharmacy claims for **teduglutide (Gattex®)** will be subject to the following.

- Clinical authorization

Clinical Authorization
Pharmacy claims for **teduglutide (Gattex®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.182 Teplizumab-mzwv (Tzield™)

Pharmacy claims for teplizumab-mzwv (Tzield™) **will be subject to** the following:

- Clinical authorization

Clinical Authorization
Pharmacy claims for **teplizumab-mzwv (Tzield™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

4.3.183 Tolvaptan (Jynarque®, Samsca®)

Pharmacy claims for **tolvaptan (Jynarque®, Samsca®)** may be subject to the following.

- Clinical authorization
- Quantity limit

Clinical Authorization
Pharmacy claims for **tolvaptan (Jynarque®, Samsca®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for **tolvaptan (Samsca®)** will be subject to quantity limits as listed in the chart.

Generic Name (Brand Name)	Quantity Limit
Tolvaptan 15mg Tablet (Samsca®)	30 Tablets
Tolvaptan 30mg Tablet (Samsca®)	60 Tablets

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.184 Trientine Tetrahydrochloride (Cuvrior™)

Pharmacy claims for **trientine tetrahydrochloride (Cuvrior™)** will be subject to the following:

- Clinical authorization
- Quantity limit

Clinical Authorization
Pharmacy claims for **trientine tetrahydrochloride (Cuvrior™)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for **trientine tetrahydrochloride (Cuvrior™)** will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Example)	Quantity Limit
Trientine Tetrahydrochloride (Cuvrior™)	300 tablets/30 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify medical necessity of the excessive quantity, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.185 Trofinetide (Daybue™)

Pharmacy claims for **Trofinetide (Daybue™)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **Trofinetide (Daybue™)** require an appropriate diagnosis code entered at POS.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.186 Urea Cycle Disorder Agents

Generic Name (Brand Example)
Carglumic Acid (Carbaglu®)
Glycerol Phenylbutyrate (Ravicti®)
Sodium Phenylbutyrate Pellet (Pheburane®, Olpruva™)
Sodium Phenylbutyrate Powder, Tablet (Buphenyl®)

Pharmacy claims for **Urea Cycle Disorder** agents will be subject to the following:

- Prior/Clinical authorization

Prior/Clinical Authorization
Pharmacy claims for **Urea Cycle Disorder** agents require additional clinical information for prior authorization review.

Note: Refer to http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf for the Preferred Drug List for preferred/non-preferred agents, drug specific clinical authorization criteria and instructions.
Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

EOB code **066** (Clinical Authorization Required) ➔ NCPDP rejection code **75** (Prior Authorization Required)

4.3.187 Uterine Disorder Treatment Agents

Generic Name (Brand Name Example)
Elagolix Tablet (Orilissa®)
Elagolix/Estradiol/Norethindrone Capsule (Oriahnn®)
Relugolix/Estradiol/Norethindrone Acetate (Myfembree™)

Pharmacy claims for select **uterine disorder treatment** agents may be subject to the following:

- Prior/clinical authorization

Prior/Clinical Authorization
Pharmacy claims for **all uterine disorder treatment** agents require additional clinical information for prior authorization review.

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

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

4.3.188 Vasodilators – Coronary Agents

Generic Name (Brand Name Example)
Isosorbide Dinitrate Tablet (Isordil®)
Isosorbide Dinitrate/Hydralazine Tablet (BiDil®)
Isosorbide Mononitrate Tablet, SR Tablet
Nitroglycerin Sublingual Tablet, Translingual Spray (Nitrostat®, Nitrolingual®)
Nitroglycerin Transdermal Ointment Transdermal Patch (Nitro-Bid®, Nitro-Dur®)
Vericiguat (Verquvo®)*

Pharmacy claims for select **coronary vasodilator** agents will be subject to the following:

- Prior/clinical authorization
- Quantity limit

Prior/Clinical Authorization
Pharmacy claims for **all non-preferred coronary vasodilator** agents require prior authorization.

***The above coronary vasodilator agent requires additional clinical information for prior authorization review.**
Note: Refer to http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf for the Preferred Drug List for preferred/non-preferred agents, drug specific clinical authorization criteria and instructions.

Required Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
EOB code **485** (Prior Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for **vericiguat (Verquvo®)** will be subject to a quantity limit as listed in the chart.

Generic Name (Brand Name Example)	Quantity Limit
Vericiguat (Verquvo®)	30 tablets per 30 days

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.3.189 Velmanase (Lamzede®)

Pharmacy claims for **Velmanase alfa-tycv (Lamzede®)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **Velmanase alfa-tycv (Lamzede®)** require an appropriate diagnosis code entered at POS.

Note: Refer to the Diagnosis Code Policy Chart at:
www.ldh.la.gov/assets/medicaid/PharmPC/9.23.24/Louisiana.Medicaid.ICD-10.Chart.pdf

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.190 Zilucoplan (Zilbrysq®)

Pharmacy claims for **zilucoplan (Zilbrysq®)** will be subject to the following:

- Diagnosis code requirement

Diagnosis Code Requirement
Pharmacy claims for **zilucoplan (Zilbrysq®)** agents must be submitted with a valid diagnosis code.

Note: Refer to the ICD-10-CM Diagnosis Code Policy Chart here.

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

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

Possible Denial EOB Code
EOB **575** (Missing or Invalid Diagnosis Code) → NCPDP rejection code **39** (M/I Diagnosis Code)

4.3.191 Zoledronic Acid (Reclast®)

Pharmacy claims for **zoledronic acid (Reclast®)** will be subject to the following.

- Clinical authorization
- Quantity limit

Clinical Authorization
Pharmacy claims for **zoledronic acid (Reclast®)** require additional clinical information for prior authorization review.

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 Prior Authorization Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code
EOB code **066** (Clinical Authorization Required) → NCPDP rejection code **75** (Prior Authorization Required)

Quantity Limit
Pharmacy claims for **zoledronic acid (Reclast®)** will be subject to quantity limit of **1 vial every 365 days.**

Possible Denial EOB Code
NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Point of Sale Override
Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

4.4 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)

4.5 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.

4.5.1 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

Vaccines	Brand Name Examples	Age Limit
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.

NCPDP Field Number	NCPDP Field Name	Value	Comment
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
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

4.6 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
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

Prescription Claim Submission Required Fields	
POINT OF SALE	
DATA ELEMENT	**REQUIRED OR OPTIONAL**
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
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

Prescription Claim Submission Required Fields	
POINT OF SALE	
DATA ELEMENT	**REQUIRED OR OPTIONAL**
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.

4.7 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.

4.7.1 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

4.7.2 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:

PPPPPPPPP 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.

4.7.3 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 RRRRRRRRRRRR 999999

PPPPPPPPPP = Medicaid Provider ID or NPI; RRRRRRRRRRRR = 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**.

4.7.4 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.

4.8 Maintenance Medications

Pharmacy claims for select maintenance medications will have a 90-day allowance at Point of Sale. The Louisiana Medicaid Maintenance Medication List has been derived from First Data Bank on medications where maintenance indicators are present. A 90-day supply is allowed on maintenance drugs after a beneficiary has been on the same drug and strength for 60 days.

Possible Denial EOB code
When a maintenance drug claim is submitted for a 90-day supply prior to the beneficiary being on the same drug and strength for 60 days, the claim will deny for:

NCPDP rejection code **88** (DUR Reject Error) mapped to EOB Code **457** (Quantity Exceeds Maximum)

Maintenance Medication List
The quarterly Maintenance Medication List may be found at the following link:
https://ldh.la.gov/assets/docs/BayouHealth/Pharmacy/MaintenanceMedications.pdf

4.9 Maintenance Medications Dispensing Fee

An educational edit will alert pharmacies when a claim for a medication identified by First Data Bank as a maintenance medication is not dispensed in at least a 30 day supply. If a Generic/Brand product and strength has been dispensed for at least 60 days, and the current pharmacy claim is for the same Generic/Brand product and strength and is dispensed for less than a 30 day supply, then an educational alert will be sent.

The dispensing fee will not be reimbursed.

The pharmacy will still be reimbursed for the ingredient cost on each dispensing.

Possible Educational EOB Code

NCPDP reject code **19** (M/I Days Supply) mapped to EOB code **301** (One Dispensing Fee Allowed per 30 Days for Maintenance Medications)

Possible POS Override

Upon consultation with the prescriber to verify the necessity of the short fill (quantity less than 30 day supply), the pharmacist may override the claim and be reimbursed the dispensing fee.

NCPDP field **420-DK** (Submission Clarification Code): **47** (Shortened Days Supply Dispensed)

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 –
2. 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.