
CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

SECTION: TABLE OF CONTENTS**PAGE(S) 10**

PHARMACY BENEFITS MANAGEMENT SERVICES**TABLE OF CONTENTS**

SUBJECT **SECTIONS**

OVERVIEW **37.0**

Providers should refer to Chapter 1 – General Information and Administration of the Medicaid Services Manual for additional information.

COVERED SERVICES, LIMITATIONS, AND EXCLUSIONS **37.1**

Terms and Conditions

Tamper-Resistant Prescription Policy

Authorized Benefits

Non-Covered Services

Prior Authorization and Single Preferred Drug List (PDL)

Clinical Authorization

Monthly Service Limit

Limit

Exceptions to Limit

Limit Override Procedures

Drugs with Special Payment Criteria/Limitations

Age and Gender Restricted Drugs

Acne Agents

Agalsidase Beta (Fabrazyme®)

Alglucosidase (Lumizyme®)

Allergen Extracts

Anti-Anxiety Drugs

Analeptics: Armodafinil (Nuvigil®) and Modafinil (Provigil®)

Anticoagulants

Antihistamine/Decongestant Products

 Antisense Oligonucleotides: Nusinersen sodium (Spinraza) and Telirsen
(Exondys 51®)

Androgenic Agents (Testosterone and Methyltestosterone containing products)

Antipsychotic Agents

Diagnosis Code Requirement on All Antipsychotic Medications

Age and Dosage Limits

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

CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

SECTION: TABLE OF CONTENTS**PAGE(S) 10**

Agents

Therapeutic Duplication

Behavioral Health Medications for Recipients Less than 6 Years of Age

Clinical Pre-Authorization for ADHD Medications for Recipients Less Than 48
MonthsBuprenorphine and Buprenorphine/Naloxone Agents (Bunavail, Suboxone ®, and
Zubsolv®)

Diagnosis Code Requirement

Quantity Limits on Buprenorphine-Naloxone Products

Concurrent Opioid Analgesic and/or Benzodiazepine Therapies

Buprenorphine Buccal Film (Belbuca®)

Buprenorphine Extended- Release Injection (Sublocade®)

Buprenorphine Implant Kit (Probuphine®)

Buprenorphine Transdermal Patches (Butrans®)

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

Carisoprodol

Codiene

Contraceptive Agents

Drospirenone/Ethinyl Estradiol/Levomefolate Calcium (Beyaz®)

Etonogestrel (Nexplanon®)

Etonogestrel/Ethinyl Estradiol Vaginal Ring (Nuvaring®)

Oral Contraceptive Agents

Medroxyprogesterone/Acetate Injectable

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

Cytokine and Cell-Adhesion Molecule (CAM) Antagonists

Deferasirox (Exjade®)

Recipients 2 years of age and less

Recipients 2-9 years of age

Recipients 10 years of age and older

Diabetic Testing Supplies

Eculizumab (Soliris®)

Epinephrine Injection (Generic, EpiPen®, and EpiPen Jr. ®)

Fertility Agents

Granulocyte Colony Stimulating Factor Agents (GCSF)

Growth Hormone

Hepatitis C Virus Direct-Acting (DAA) Antiviral Agents

Hydroxyprogesterone Caproate (Makena®)

Isotretinoin

Ivacaftor (Kalydeco®)

CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

SECTION: TABLE OF CONTENTS**PAGE(S) 10**

Ketorolac	
Linezolid (Zyvox®)	
Lipotropics: Lonitapide (Juxtapid®), Mipomersen (Kynamro®), Alirocumab (Praluent®, and Evolocumab (Repatha ®)	
Lumacaftor/Ivacaftor (Okambi®)	
Mnocolonal Antibodies (Respiratory): Benralizumab Injection (Fasenra®, Mepolizumab Injection (Nucala®, Omalizumab (Xolair), and Reslizumab	
Pimavanserin (Nuplazid®)	
Mosquito Repellents	
Quantity Limits	
Age Restriction	
Multiple Sclerosis (MS) Treatment Agents	
Naloxone	
Nicotine Transdermal Patches, Gum and Spray	
Orlistat	
Palivizumab (Synagis®)	
Respiratory Syncytial Virus Season	
Age Restriction	
Early Refill	
Maximum Number of Doses Allowed	
Medical Reconsideration for Palivizumab (Synagis®)	
Palivizumab Criteria ICD-10_CM Code and Medication List	
Neuromuscular Disorders	
Congenital Abnormalities of the Airways	
Chronic Lung Disease	
Congenital Heart Diseases (CHD)	
Schedule II Narcotic Agents	
Fentanyl Buccal, Nasal, and Sublingual Agents	
Diagnosis Code Requirement	
Age Restriction	
Methadone	
Morphine ER (Avinza®)	
Oxycodone/Acetaminophen 7.5/325mg (Xartemis XR®)	
Paroxetine Mesylate (Brisdelle®)	
Perampanel (Fycompa ®)	
Roflumilast (Daliresp®)	
Short Acting Beta ₂ Agonist Inhalers	
Diagnosis Code Requirement	
Quantity Limit	

CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

SECTION: TABLE OF CONTENTS

PAGE(S) 10

- Therapeutic Duplication
 - Sildenafil (Revatio®) and Tadalafil (Adcirca®)
 - Sodium Glucose Co-Transporter 2 (SGLT2) Inhibitors and Combination Products
 - Sodium Oxybate (Xyrem®)
 - Clinical Pre-authorization
 - Therapeutic Duplication
 - Somatropin
 - Suvorexant (Belsomra®)
 - Tasimelteon (Heltioz®)
 - Tazarotene (Tazorac®)
 - Tedizolid Phosphate (Sivextro®)
 - Tezacaftor/Ivacaftor (Symdeko ®)
 - Tramadol
 - Triptans
- Diagnosis Code Requirement for Selected Medications
- Prospective Drug Utilization Policies/Limits/Edits
 - Duration of Therapy Limits
 - H₂ Antagonists and Sucralfate
 - Proton Pump Inhibitors (PPIs)
 - Early Refill
 - Duplicate Drug Therapy
 - Pregnancy and FDA Category X Drugs
 - Pregnancy and FDA Category D Drugs
 - Therapeutic Duplication
 - First Generation Antihistamine
 - Second Generation Antihistamine
 - First Generation Antihistamine-Decongestant
 - Second Generation Antihistamine-Decongestant
 - Angiotensin Converting Enzyme (ACE) Inhibitors and ACE Inhibitor/Diuretic Combinations
 - ACE Inhibitors/Calcium Channel Blocker Combinations
 - Angiotensin Receptor Antagonists (ARB) and ARB/Diuretic Combinations
 - ARB/Calcium Channel Blocker Combinations
 - Beta-Adrenergic Blocking Agents and Beta-Adrenergic Blocking Agent/Diuretic Combinations
 - Calcium Channel Blockers
 - Calcium Channel Blocker/Amtihyperlipemia Agent Combination
 - Potassium Replacement
 - Tricyclic Antidepressants

CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

SECTION: TABLE OF CONTENTS**PAGE(S) 10**

Selective Serotonin Reuptake Inhibitors	
Antipsychotic Agents (Typical and Atypical)	
Antipsychotic/Selective Serotonin Reuptake Inhibitor Combinations	
Anti-Anxiety Agents	
Sedative Hypnotic Agents	
Attention Deficit Disorder (ADD) Agents	
Non-Steroidal Anti-Inflammatory Agents	
Short Acting Beta ₂ Agonist Inhalers	
Short Acting Opiate Agents	
Long Acting Opiate Agents	
Proton Pump Inhibitors	
Drug/Drug Interaction	
Unnecessary Drug Therapy	
Selective Cox-2 Inhibitor	
Maximum Dosage	
Atypical Antipsychotic Agents	
Agents Containing Acetaminophen or Aspirin	
Sedative Hypnotic Agents	
Tapentadol (Nucynta®)	
Agents containing Tramadol	
Botulinum Toxins OnabotulinumtoxinA (Botox®) and IncobotulinumtoxinA (Xeomin®)	
Hydrocodone Containing Agents	
Lidocaine Patches (Lidoderm®)	
Naltrexone Injection (Vivitrol®)	
Opioids	
Serotonin Agents (Tryptans)	
Quantity Limitations	
Maximum Allowable Quantities	
Maintenance Medication Quantities	
Coverage and Limitations for Long Term Care Facility Recipients	
Quantities for Long Term Care Facility Recipients	
Co-payment Exemption	
Over-the-Counter Drugs	
Over-the-Counter Drugs for Preventive Care	
Diabetic Supplies	
Nebulizer Medications	
Medicare Skilled Nursing Facilities	
Emergency Kits	

CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

SECTION: TABLE OF CONTENTS

PAGE(S) 10

Outpatient Drugs Covered by Medicare Part B
Drug Services for Hospice Recipients

PROVIDER REQUIREMENTS AND PARTICIPATION GUIDELINES 37.2

Providers should refer to Chapter 1 - General Information and Administration of the Medicaid Services Manual for additional information on provider enrollment and requirements, including general standards of participation.

- Provider Qualifications
- Provider Rights and Responsibilities
- Record Keeping Requirements
- Prohibition of Reassignment of Provider Claims
- Out-of-State Providers
- Provider Enrollment
 - Medicaid Durable Medicaid Equipment/Supplies
 - Medicare Enrollment
- Enrollment Process
- Point of Sale (POS) Enrollment
- Provider Record
- Reporting Changes
- Reporting the IRS
- Louisiana Medicaid Website
- Single Preferred Drug List
- Clinical Drug Inquiries
- Prescriber Numbers
- Prior Approval Program
- Recipient Eligibility
 - Medicaid Eligibility Verification System (MEVS)
 - Recipient Eligibility Verification System (REVS)
- Point of Sale (POS) User Guide
- Vendor Specifications Document for the POS System
- Drug Appendices
- Third Party Liability Carrier Code List
- Medicaid Fraud and Abuse
 - Recipient Prescription Verification Letters
 - Surveillance Utilization Review Subsystem (SURS)
 - Appeals
- Provider Audits
 - Audit Purpose

CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

SECTION: TABLE OF CONTENTS

PAGE(S) 10

Audit Authority
Audit Overview and Process
Provider Responsibilities

REIMBURSEMENT FOR PHARMACY SERVICES 37.3

Reimbursement Methodology
 National Drug Code (NDC) System
 Maximum Allowable Overhead Cost (Dispensing Fee)
 Provider Fee
Usual and Customary Charges
Drug Estimated Acquisition Cost
Multiple Source Drugs
 Federal Upper Limit (FUL) Regulations
 Louisiana State Maximum Allowable Cost (LMAC) Regulations
 Override of FUL and MAC
Co-payments for Prescription Services
 Co-payment Schedule
 Co-payment Exemptions
 Other Co-payment Policies
Medicare Crossover Claims
Third Party Liability Claims

MANAGED CARE APPLICABILITY 37.4

APPENDIXES 37.5

37.5.1 – Forms and Links
37.5.2 – Claims Related Information
37.5.3 – Glossary
37.5.4 – Contact Information
37.5.5 – Drug List (PDL) and Non-Preferred Drug List (NPDL)
37.5.6 – Prescribers
 Qualified Prescribers
 Prescriber Numbers

CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

SECTION: TABLE OF CONTENTS

PAGE(S) 10

Prescribers Who Are Not Medicaid Program Providers
Sanctioned Providers
Accessing Prescriber Numbers

37.5.7 – Medicare Prescription Drug Coverage

Medicare
Medicare Part B Crossover Claims
General Medicare Part B Crossover Reimbursement Policies
Medicare Part B Outpatient Drug Coverage
 Immunosuppressive Drugs
 Oral Cancer Chemotherapy Drugs
 Antiemetic Drugs
 Nebulizer Drugs
 Diabetic Supplies
 Dispensing/Supply Fees
 Antihemophilia Drugs
Medicare Part D Outpatient Drug Coverage

37.5.8 – Claims Submission and Processing Payments

National Drug Code (NDC)
Drug Quantities and Units of Measurement
Prescriber Numbers
Diagnosis Codes
Overrides
 Federal Upper Limits/Louisiana Maximum Allowable Cost Limitations
 Prescriptions Limit
 Early Refills
 Ingredient Duplication
 Duration of Therapy
 Therapeutic Duplication
 Unnecessary Drug Therapy
 Drug/Drug Interaction
 Coordination of Benefits
 Pregnancy Co-payment
 Age and Gender Overrides
 Maximum Dosage
 Quantity Exceeds Program Maximum
 Prior Authorization (PA) Emergency
 Hospital Discharge Prescriptions for Atypical Antipsychotic Agents

CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

SECTION: TABLE OF CONTENTS

PAGE(S) 10

- Lock-In Emergency
- Types of Pharmacy Claims
 - Point of Sale (POS) Claim Submission (*Reference Point of Sale User Guide, Appendix A in this Chapter*)
 - Electronic Claim Submission (BATCH)
 - Hard Copy Claim Submission
- Claim Adjustments
- Time Limit for Submission of Medicaid Claims
- Billing for Spend-Down Medically Needy Recipients

- 37.5.9 – Public Health Services 340B Drug Pricing Program
 - Reimbursement Methodology
 - Covered Entity
 - Contract Pharmacies

- 37.5.10 – Total Parenteral Nutrition
 - Provider Enrollment
 - Program Coverage
 - TPN Medical Necessity Criteria
 - Documentation Requirements
 - Exclusionary Criteria
 - Intradialytic Parenteral Nutrition Therapy
 - Equipment and Supplies
 - Prior Authorization
 - Prior Authorization Requirements
 - Prior Authorization Requests
 - Emergency Request
 - Medicare Crossover Claims
 - Third Party Liability
 - Reimbursement Methodology
 - Claim Submission
 - Medicaid Claims
 - Medicare Crossover Claims
 - Third Party Liability Claims
 - Adjustments/Voids

- 37.5.11 – Medication Administration
 - Louisiana Board of Pharmacy
 - Pharmacist Provider Number

CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

SECTION: TABLE OF CONTENTS

PAGE(S) 10

Influenza Vaccine Administration by Pharmacist

37.5.12 – Patient Counseling and Drug Utilization Review (DUR)

Patient Counseling

Prospective Drug Utilization Review (UniDUR)

Retrospective Drug Utilization Review

Drug Utilization Review Board

37.5.13 – Lock-In Program

Choosing a Lock-In Provider

Lock-In Emergencies

Referrals

37.5.14 – Medicaid Drug Rebate Program

Rebate Programs

Federally Mandated Drug Rebate Program

State Supplemental Drug Rebate Program