

---

**CHAPTER 25: PHARMACY BENEFITS MANAGEMENT SERVICES**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 12**

---

**PHARMACY BENEFITS MANAGEMENT SERVICES****TABLE OF CONTENTS**

<b>SUBJECT</b>	<b>SECTIONS</b>
<b>OVERVIEW</b>	<b>37.0</b>
<b>GENERAL PROGRAM INFORMATION</b>	<b>37.1</b>
<i>Providers should refer to Chapter 1 – General Information and Administration of the Medicaid Services Manual for additional information.</i>	
<b>PHARMACY PROVIDER ENROLLMENT AND PARTICIPATION GUIDELINES</b>	<b>37.2</b>
<i>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.</i>	
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	
<b>MEDICAID RECIPIENT ELIGIBILITY</b>	<b>37.3</b>
<i>Providers should refer to Chapter 1 - General Information and Administration of the Medicaid Services Manual for additional information on recipient eligibility.</i>	

---

**CHAPTER 25: PHARMACY BENEFITS MANAGEMENT SERVICES**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 12**

---

**PRESCRIBERS 37.4**

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

**COVERED SERVICES, LIMITATIONS, AND EXCLUSIONS 37.5**

- Terms and Conditions
- Tamper-Resistant Prescription Policy
- Authorized Benefits
- Non-Covered Services
- Prior Authorization and Preferred Drug List (PDL)
- Clinical Pre-Authorization
- Monthly Service Limit
  - Limit
  - Exceptions to Limit
  - Limit Override Procedures
- Drugs with Special Payment Criteria/Limitations
  - Age and Gender Restricted Drugs
    - Allergen Extracts
    - Anti-Anxiety Drugs
    - Analeptics: Armodafinil (Nuvigil®) and Modafinil (Provigil®)
    - Androgenic Agents (Testosterone and Methyltestosterone containing products)
    - Antihistamine/Decongestant Products
  - Antipsychotic Agents
    - Diagnosis Code Requirement on All Antipsychotic Medications
    - Age and Dosage Limits
  - Aripiprazole (Aristada®)
  - Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) 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 Months
  - Breipiprazole (Rexulti®)
  - Buprenorphine and Buprenorphine/Naloxone Agents (Bunavail, Suboxone ®, and

---

**CHAPTER 25: PHARMACY BENEFITS MANAGEMENT SERVICES**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 12**

---

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®)

Carisoprodol

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®)

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®)

Fertility Agents

Granulocyte Colony Stimulating Factor Agents (Granix®/Leukine®/Neulasta®/Neupogen®)

Hepatitis C Virus Direct-Acting (DAA) Antiviral Agents

Hydroxyprogesterone Caproate (Makena®)

Isotretinoin

Ivacaftor (Kalydeco®)

Ketorolac

Linezolid (Zyvox®)

Mosquito Repellents

Quantity Limits

Age Restriction

Naloxone

Nicotine Transdermal Patches, Gum and Spray

Omalizumab (Xolair®)

Orlistat

Palivizumab (Synagis®)

Respiratory Syncytial Virus Season

---

**CHAPTER 25: PHARMACY BENEFITS MANAGEMENT SERVICES**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 12**

---

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®)	
Paliperidone (Invega Trinza®)	
Roflumilast (Daliresp®)	
Short Acting Beta <sub>2</sub> Agonist Inhalers	
Diagnosis Code Requirement	
Quantity Limit	
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®)	
Diagnosis Code Requirement for Selected Medications	
Prospective Drug Utilization Policies/Limits/Edits	
Duration of Therapy Limits	
H <sub>2</sub> Antagonists and Sucralfate	
Proton Pump Inhibitors (PPIs)	
Early Refill	

---

**CHAPTER 25: PHARMACY BENEFITS MANAGEMENT SERVICES**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 12**

---

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	
AR/Calcium Channel Blocker Combinations	
Beta-Adrenergic Blocking Agents and Beta-Adrenergic Blocking Agent/Diuretic Combinations	
Calcium Channel Blockers	
Calcium Channel Blocker/Antihyperlipemia Agent Combination	
Potassium Replacement	
Tricyclic Antidepressants	
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 <sub>2</sub> 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	

---

**CHAPTER 25: PHARMACY BENEFITS MANAGEMENT SERVICES**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 12**

---

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

**REIMBURSEMENT FOR PHARMACY SERVICES****37.6**

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	

---

**CHAPTER 25: PHARMACY BENEFITS MANAGEMENT SERVICES**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 12**

---

Medicare Crossover Claims  
Third Party Liability Claims

**MEDICARE PRESCRIPTION DRUG COVERAGE 37.7**

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

**THIRD PARTY LIABILITY/COORDINATION OF BENEFITS 37.8**

Third Party Liability  
Coordination of Benefits  
Pharmacy Providers' Roles  
Coordination of Benefits Exemptions  
Exemptions to Medicaid Program Restrictions  
Claims for Recipients with Multiple Insurance Coverage  
Override Capabilities and Codes

**CLAIM SUBMISSION 37.9**

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

---

**CHAPTER 25: PHARMACY BENEFITS MANAGEMENT SERVICES**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 12**

---

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

**CLAIMS PROCESSING/PAYMENTS 37.10**

Claims Processing	
Claim Entry	
Claim Adjudication	
Disposition of Claim	
Processing Time Frames	
Point of Sale (POS) Claims	
Paper Claims	
Remittance Advice	
Help Desk	

**PUBLIC HEALTH SERVICES 340B DRUG PRICING PROGRAM 37.11**

Reimbursement Methodology	
Covered Entity	
Contract Pharmacies	

**TOTAL PARENTERAL NUTRITION (TPN) 37.12**



---

**CHAPTER 25: PHARMACY BENEFITS MANAGEMENT SERVICES**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 12**

---

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	
<b>RESERVED</b>	<b>37.13</b>
<b>MEDICATION ADMINISTRATION</b>	<b>37.14</b>
Louisiana Board of Pharmacy	
Pharmacist Provider Number	
Influenza Vaccine Administration by Pharmacist	
<b>RESERVED</b>	<b>37.15</b>
<b>PATIENT COUNSELING, DRUG UTILIZATION REVIEW (DUR)</b>	<b>37.16</b>
Patient Counseling	
Prospective Drug Utilization Review (UniDUR)	
Retrospective Drug Utilization Review	
Drug Utilization Review Board	
<b>LOCK-IN PROGRAM</b>	<b>37.17</b>

---

**CHAPTER 25: PHARMACY BENEFITS MANAGEMENT SERVICES**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 12**

---

Choosing a Lock-In Provider  
Lock-In Emergencies  
Referrals

**RESERVED 37.18****MEDICAID FRAUD AND ABUSE 37.19**

*Providers should refer to Chapter 1 – General Information and Administration of the Medicaid Services Manual for additional information on Program Integrity and Fraud and Abuse.*

Recipient Prescription Verification Letters  
Surveillance Utilization Review Subsystem (SURS)  
Appeals

**PROVIDER AUDITS 37.20**

Audit Purpose  
Audit Authority  
Audit Overview and Process  
Provider Responsibilities

**MEDICAID DRUG REBATE PROGRAM 37.21**

Rebate Programs  
Federally Mandated Drug Rebate Program  
State Supplemental Drug Rebate Program

**LOUISIANA MEDICAID WEBSITE 37.22**

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

---

**CHAPTER 25: PHARMACY BENEFITS MANAGEMENT SERVICES**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 12**

---

Drug Appendices  
Third Party Liability Carrier Code List  
Provider Education and Communication

<b>LIST OF DRUGS PAYABLE ON DRUG FILE</b>	<b>APPENDIX A</b>
<b>LIST OF DRUGS WITH AVERAGE ACQUISITION RATES</b>	<b>APPENDIX A-1</b>
<b>LIST OF DESI DRUGS BY NATIONAL DRUG CODE (NDC)</b>	<b>APPENDIX B</b>
<b>MEDICAID DRUG FEDERAL REBATE PARTICIPATION PHARMACEUTICAL COMPANIES</b>	<b>APPENDIX C</b>
<b>POINT OF SALE USER GUIDE</b>	<b>APPENDIX D</b>
<b>PRODUCTS WITH QUANTITY LIMITS</b>	<b>APPENDIX E-1</b>
<b>PRODUCTS WITH MAXIMUM DAILY DOSAGES</b>	<b>APPENDIX E-2</b>
<b>FORMS</b>	<b>APPENIDIX F</b>
<b>NCPDP UNIVERSAL CLAIM FORM AND INSTRUCTIONS</b>	<b>APPENDIX G</b>
<b>FORM 211 – DRUG ADJUSTMENT VOID</b>	<b>APPENDIX H</b>
<b>PA-01 FORM - TPN PRIOR AUTHORIZATION FORM</b>	<b>APPENDIX I</b>
<b>CLAIMS FILING</b>	<b>APPENDIX J</b>
<b>RESERVED</b>	<b>APPENDIX K</b>
<b>TABLE OF TAMPER RESISTANT PRESCRIPTION CRITERIA AND EXAMPLES</b>	<b>APPENDIX L</b>

---

**CHAPTER 25: PHARMACY BENEFITS MANAGEMENT SERVICES**

---

**SECTION: TABLE OF CONTENTS** **PAGE(S) 12**

---

**GLOSSARY AND ACRONYMS** **APPENDIX M**

**CONTACT INFORMATION** **APPENDIX N**

**PREFERRED DRUG LIST (PDL)/PRIOR AUTHORIZATION** **APPENDIX O**

**DIAGNOSIS CODE CHART** **APPENDIX P**