



# State of Louisiana

Louisiana Department of Health  
Bureau of Health Services Financing

## MEMORANDUM

**DATE:** October 21, 2020

**TO:** Louisiana Medicaid Fee-for-Service Pharmacy Program and Managed Care Organizations

**FROM:** Melwyn Wendt  
Pharmacy Director

**SUBJECT:** Point of Sale Edits

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Effective January 1, 2021, the Louisiana Medicaid Fee-for-Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will update the following clinical edits at Point of Sale (POS). The updates apply to FFS and Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections and United Healthcare). This measure was approved at the October 2020 meeting of the Louisiana Drug Utilization Review Board.

Medication	POS Edit	Details
Oral Sedative Hypnotics	Quantity Limit	<p>7-day supply / rolling 30 days for naïve recipient (See Table 1)</p> <ul style="list-style-type: none"><li>• Naïve is defined as no paid claims for a sedative hypnotic in the previous 60 days.</li></ul> <p>15-day supply / rolling 30 days for chronic use (See Table 1)</p> <ul style="list-style-type: none"><li>• Chronic is defined as having a paid claim for a sedative hypnotic in the previous 60 days.</li></ul>
Desmopressin (Nocdurna®)	Quantity Limit	30 tablets per 30 days

Medication	POS Edit	Details
Diabetic Testing Supplies – Test Strips & Lancets	Quantity Limit	<p>Non-Gestational Diabetes <b>without</b> insulin therapy (diagnosis code E08*, E09*, E11*, E13* on claim)</p> <ul style="list-style-type: none"> <li>• Test Strips – Limit 100 strips per rolling 90 days</li> <li>• Lancets – Limit 100 lancets per rolling 90 days</li> </ul> <p>Gestational Diabetes, Diabetes in Pregnancy and Non-Gestational Diabetes <b>with</b> insulin therapy (diagnosis code E10*, O24*, Z79.4 on claim)</p> <ul style="list-style-type: none"> <li>• Test Strips – Limit 200 strips per rolling 30 days</li> <li>• Lancets – Limit 200 lancets per rolling 30 days</li> </ul>
Risdiplam (Evrysdi™)	Quantity Limit	Maximum of 160 ml (two-80ml bottles) every 24 days
Selected Topical Acne Agents	Quantity Limit	See Table 2
Selected Anti-Infective, Anti-Fungal and Corticosteroid Medications	Quantity Limit	See Table 3
Diabetic Test Strips & Lancets	Diagnosis Code	<ul style="list-style-type: none"> <li>• E10* (DM Type 1)</li> <li>• Z79.4 (insulin use)</li> <li>• O24.* (diabetes in pregnancy)</li> <li>• E08* (DM due to underlying condition)</li> <li>• E09* (drug or chemical induced DM)</li> <li>• E11* (DM Type 2)</li> <li>• E13* (other specified DM)</li> </ul>
Hemophilia Agents	Diagnosis Code	See Table 4
Botulinum Agents ( <b>MCO Only</b> )	Diagnosis Code	See Table 5

Pulmonary Arterial Hypertension ( <b><i>MCO Only</i></b> )	Diagnosis Code	See Table 6
Miscellaneous Agents ( <b><i>MCO Only</i></b> )	Diagnosis Code	See Table 7
Enzyme Replacement Therapy	Diagnosis Code	See Table 8
Fabrazyme® (agalsidase beta) & Galafold® (migalastat)	Therapeutic Duplication	<ul style="list-style-type: none"> <li>• A pharmacy claim for Fabrazyme® (agalsidase beta) will deny if there is an active claim on the recipient's file for Galafold® (migalastat).</li> <li>• Pharmacy claims for Galafold® (migalastat) will deny if there is an active claim on the recipient's file for Fabrazyme® (agalsidase beta).</li> </ul>
Celebrex® (celecoxib) [ <b><i>FFS Only</i></b> ]	POS Edit	<ul style="list-style-type: none"> <li>• Remove diagnosis code edits from POS and add relative wording to prior authorization criteria</li> </ul>
Allergen Extracts [ <b><i>FFS Only</i></b> ]	POS Edit	<ul style="list-style-type: none"> <li>• Remove POS edits (that would be covered with clinical authorization)</li> </ul>
Behavioral Health	POS Edit	<ul style="list-style-type: none"> <li>• Modify the age edit to require behavioral health clinical authorization for 6-year-old and younger recipients at POS for ADHD Stimulants and Related Agents, Antidepressants (Other and SSRIs), Antipsychotics and Anxiolytics.</li> </ul>
Exondys 51® (eteplirsen) & Spinraza® (nusinersen)	POS Edit	<ul style="list-style-type: none"> <li>• Removal of diagnosis requirement at POS</li> </ul>
Cefixime	POS Edit	<ul style="list-style-type: none"> <li>• PA Exemption at POS- Diagnosis of Unspecified sexually transmitted disease (A64) – Pharmacy claims for non-preferred cefixime products that are submitted with diagnosis code A64 (Unspecified sexually transmitted disease) will bypass the prior authorization requirement for non-preferred products.</li> </ul>

**Table 1: Sedative Hypnotic POS Quantity Limits**

Medication	Naïve 7-day supply per rolling 30 days	Chronic Use 15-day supply per 30 rolling days
Doxepin Tablet (Silenor®)	7 tablets	15 tablets
Flurazepam Capsule	7 capsules	15 capsules
Estazolam Tablet	7 tablets	15 tablets
Eszopiclone Tablet (Lunesta®)	7 tablets	15 tablets
Ramelteon Tablet (Rozerem®)	7 tablets	15 tablets
Suvorexant Tablet (Belsomra®)	7 tablets	15 tablets
Triazolam Tablet (Halcion®)	7 tablets	15 tablets
Temazepam Capsule (Restoril®)	7 capsules	15 capsules
Zaleplon Capsule (Sonata®)	7 capsules	15 capsules
Zolpidem Tartrate (Ambien®; Ambien CR®)	7 tablets	15 tablets
Zolpidem Tartrate Sublingual (Edluar®; Intermezzo®)	7 tablets	15 tablets

**Table 2: Selected Topical Acne Agents POS Quantity Limits**

PDL Acne Drugs - Generic	Strength	Formulation	Brand Example	Quantity Limit per 30 days
Adapalene	0.1%	Cream	Differin®	45 gm
Adapalene	0.1%	Gel	Differin®	45 gm
Adapalene	0.1%	Lotion	Differin®	59 mL
Adapalene	0.1%	Solution	NONE	60 mL
Adapalene (Pump)	0.3%	Gel	Differin®	45 gm
Adapalene/Benzoyl Peroxide	0.1%/2.5%	Gel	Epiduo®	45 gm
Adapalene/Benzoyl Peroxide	0.3%/2.5%	Gel	Epiduo® Forte	45 gm
Azelaic Acid	20%	Cream	Azelex®	30 gm
Clindamycin Phosphate	1%	Gel	Cleocin-T® Gel	60 gm
Clindamycin Phosphate	1%	Gel	Clindagel®	75 mL
Clindamycin Phosphate	1%	Lotion	Cleocin-T®	60 mL
Clindamycin Phosphate	1%	Medicated Swab	Cleocin T®	60 ea
Clindamycin Phosphate	1%	Solution	Cleocin T®	60 mL
Clindamycin Phosphate	1%	Foam	Evoclin®	100 gm
Clindamycin Phosphate (Pledgets)	1%	Solution	Clindacin® Pac	1 pack
Clindamycin Phosphate/Benzoyl Peroxide	1%/5%	Gel	BenzaClin®	25 gm
Clindamycin Phosphate/Benzoyl Peroxide	1.2%/5%	Gel	Duac®, Neuac®	45 gm
Clindamycin Phosphate/Benzoyl Peroxide (Pump)	1%/5%	Gel	BenzaClin®	50 gm
Clindamycin Phosphate/Benzoyl Peroxide (Pump)	1.2%/3.75%	Gel	Onexton®	50 gm
Clindamycin Phosphate/Benzoyl Peroxide (Pump)	1.2%/2.5%	Gel	Acanya®	50 gm
Clindamycin Phosphate/Skin Cleanser 19	1%	Kit	Clindacin® Pac Kit	1 kit
Clindamycin/Benzoyl/Emollient Combo 94	1.2%/5%	Kit	Neuac™ Kit	45 gm
Clindamycin/Tretinoin	1.2%/0.025%	Gel	Ziana®	60 gm
Dapsone Gel	5%	Gel	Aczone®	90 gm
Erythromycin	2%	Gel	Erygel®	60 gm
Erythromycin	2%	Medicated Swab	Ery 2% Pads	60 ea
Erythromycin	2%	Solution	NONE	60 mL
Erythromycin/Benzoyl Peroxide	3%/5%	Gel	Benzamycin®	46.6 gm
Minocycline Topical	4%	Foam	Amzeeq™	30 gm
Sulfacetamide Sodium	10%	Cleanser	Ovace® Plus	480 mL
Sulfacetamide Sodium	10%	Cream	Ovace® Plus	57 gm
Sulfacetamide Sodium	10%	Gel	Ovace® Plus Wash	355 mL
Sulfacetamide Sodium	9.8%	Lotion	Ovace® Plus	57 gm
Sulfacetamide Sodium	10%	Shampoo	Ovace® Plus	237 mL
Sulfacetamide Sodium	10%	Suspension	Klaron®	118 mL
Sulfacetamide Sodium	10%	Wash	Ovace®	480 mL
Sulfacetamide Sodium (3.5oz)	9.8%	Foam	Ovace® Plus	100 gm

PDL Acne Drugs - Generic	Strength	Formulation	Brand Example	Quantity Limit per 30 days
Sulfacetamide Sodium/Sulfur	10%/1%	Cleanser	BP 10-1®	170.1 gm
Sulfacetamide Sodium/Sulfur	10%/2%	Cleanser	Avar® LS	227 gm
Sulfacetamide Sodium/Sulfur	10%/5%	Cleanser	Avar®	227 gm
Sulfacetamide Sodium/Sulfur	9%/4.5%	Cleanser	Sumadan®	1 kit
Sulfacetamide Sodium/Sulfur	10%/2%	Cream	Avar-e® LS	57 gm
Sulfacetamide Sodium/Sulfur	10%/5%	Cream	SSS 10-5®	28 gm
Sulfacetamide Sodium/Sulfur	10%/2%	Foam	Avar® LS	100 gm
Sulfacetamide Sodium/Sulfur	10%/5%	Foam	SSS 10-5®	60 gm
Sulfacetamide Sodium/Sulfur	10%/5%	Lotion	NONE	30 gm
Sulfacetamide Sodium/Sulfur	10%/4%	Medicated Pads	Sumaxin®	60 ea
Sulfacetamide Sodium/Sulfur	8%/4%	Suspension	SulfaCleanse® 8/4	473 mL
Sulfacetamide Sodium/Sulfur	10%/5%	Cream	Avar-e® Green	57 gm
Sulfacetamide Sodium/Sulfur (Box of 60)	10%/2%	Cleansing Pad	Avar® LS	1 unit
Sulfacetamide Sodium/Sulfur (Box of 60)	9.5%/5%	Cleansing Pad	Avar®	1 unit
Sulfacetamide Sodium/Sulfur/Cleanser 23	10%/4%	Cleanser	Sumaxin® CP Kit	1 kit
Sulfacetamide Sodium/Sulfur/Urea	10%/5%/10%	Cleanser	NONE	355 mL
Tazarotene	0.1%	Cream	Tazorac®	60 gm
Tazarotene	0.1%	Foam	Fabior®	50 gm
Tazarotene	0.045%	Lotion	Arazlo™	45 gm
Tazarotene	0.1%	Gel	Tazorac®	60 gm
Tretinoin	0.075%	Cream	Tretin-X®	35 gm
Tretinoin	0.025%	Cream	Avita®; Retin-A®	45 gm
Tretinoin	0.01%	Gel	Retin-A®	45 gm
Tretinoin	0.025%	Gel	Avita®, Retin-A®	45 gm
Tretinoin	0.05%	Gel	Atralin®	45 gm
Tretinoin	0.04%	Gel Microspheres	Retin-A® Micro	45 gm
Tretinoin	0.1%	Gel Microspheres	Retin-A® Micro	45 gm
Tretinoin	0.05%	Lotion	Altreno®	45 gm
Tretinoin (Pump)	0.06%	Gel	Retin-A® Micro	50 gm
Tretinoin (Pump)	0.08%	Gel	Retin-A® Micro	50 gm
Tretinoin (Pump)	0.04%	Gel Microspheres	Retin-A® Micro	50 gm
Tretinoin (Pump)	0.1%	Gel Microspheres	Retin-A® Micro	50 gm
Tretinoin/Emollient 9/Skin Cleanser 1	0.05%	Combo Pack	Tretin-X®	1 each
Trifarotene	0.005%	Cream	Aklief®	45 gm

**Table 3: Selected Anti-Infective, Anti-Fungal and Corticosteroid Medications POS Quantity Limits**

Medication	Dosage Form	Quantity Limit
Ciclopirox Olamine 0.77%	Suspension	60ml/30 days
Ciprofloxacin HCl 0.2%	Otic Solution	2 packs of 14 singles/30 days
Clobetasol Propionate 0.05%	Cream	100gm/30 days
Clobetasol Propionate 0.05%	Ointment	120gm/30 days
Clobetasol Propionate 0.05%	Solution	100ml/30 days
Doxycycline Hyclate / Monohydrate	Capsule	60 caps of any strength/30 days
Econazole Nitrate 1%	Cream	85gm/30 days
Gentamicin Sulfate 0.3%	Ophthalmic Ointment	3.5gm/30 days
Gentamicin Sulfate 0.3%	Ophthalmic Solution	5ml/30 days
Gentamicin Sulfate 0.1%	Cream	30gm/30 days
Gentamicin Sulfate 0.1%	Ointment	30gm/30 days
Itraconazole 100mg	Capsule	120 caps/30 days
Itraconazole 100mg	Capsule Pulsepak	1 pack (28 caps) / 28 days
Itraconazole 65mg	Capsule	120 caps/30 days
Ketoconazole 2%	Shampoo	120ml/30 days
Ketoconazole 2%	Cream	60gm/30 days
Mupirocin 2%	Cream	30gm/30 days
Mupirocin 2%	Ointment	22gm/30 days
Nystatin 100,000 units/gm	Cream	60gm/30 days
Nystatin 100,000 units/gm	External Powder	60gm bottle; 2 bottles/30 days
Nystatin 100,000 units/gm	Ointment	60gm/30 days

**Table 4: Hemophilia Agent Diagnosis Code Requirement**

Medication	Diagnosis Code
Advate® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Adynovate® [antihemophilic factor (recombinant), PEGylated]	D66 (Hemophilia A)
Afstyla® [antihemophilic factor (recombinant), single chain]	D66 (Hemophilia A)
Alphanate® [antihemophilic factor / von Willebrand factor complex (human)]	D66 (Hemophilia A), D68.0 (von Willebrand)
AlphaNine® SD [coagulation factor IX (human)]	D67 (Hemophilia B)
Alprolix® [coagulation factor IX (recombinant),Fc fusion protein]	D67 (Hemophilia B)
BeneFIX® [factor IX (recombinant)]	D67 (Hemophilia B)
Coagadex® [coagulation factor X (human)]	D68.2 (Hereditary Factor X deficiency)
Corifact® [factor XIII concentrate (human)]	D68.2 (Factor XIII deficiency)
Eloctate® [antihemophilic factor (recombinant), Fc fusion protein]	D66 (Hemophilia A)
Esperoct® [antihemophilic factor (recombinant), glycopegylated-exei]	D66 (Hemophilia A)
Feiba® NF [anti-inhibitor coagulant complex]	D66 (Hemophilia A), D67 (Hemophilia B)
Hemlibra® [emicizumab-kxwh]	D66 (Hemophilia A)
Hemofil-M [antihemophilic factor (human)]	D66 (Hemophilia A)
Humate-P® [antihemophilic factor / von Willebrand factor complex (human)]	D66 (Hemophilia A), D68.0 (von Willebrand)
Idelvion® [coagulation factor IX (recombinant), albumin fusion protein (rIX-FP)]	D67 (Hemophilia B)
Ixinity® [coagulation factor IX (recombinant)]	D67 (Hemophilia B)
Jivi® [antihemophilic factor (recombinant) PEGylated-auc1]	D66 (Hemophilia A)
Koate® DVI [antihemophilic factor (human) double viral inactivation]	D66 (Hemophilia A)
Kogenate® FS [antihemophilic factor (recombinant)]	D66 (Hemophilia A)

Medication	Diagnosis Code
Kovaltry® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Mononine® [coagulation factor IX (human)]	D67 (Hemophilia B)
Novoeight® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Novoseven® RT [coagulation factor VIIa (recombinant)]	D66 (Hemophilia A), D67 (Hemophilia B), D68.2 (Factor VII deficiency), D69.1 (Glanzmann's thrombasthenia), D68.311 (Acquired Hemophilia)
Nuwiq® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Obizur® [antihemophilic factor (recombinant), porcine sequence]	D66 (Hemophilia A)
Profilnine® SD [factor IX complex]	D67 (Hemophilia B)
Rebinyn® [coagulation factor IX (recombinant), glycoPEGylated]	D67 (Hemophilia B)
Recombinate™ [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Rixubis® [coagulation factor IX (recombinant)]	D67 (Hemophilia B)
Tretten® [coagulation factor XIII A-subunit (recombinant)]	D68.2 (Factor XIII A-subunit deficiency)
Vonvendi® [von Willebrand factor (recombinant)]	D68.0 (von Willebrand)
Wilate® [von Willebrand factor / coagulation factor VIII complex (human)]	D66 (Hemophilia A), D68.0 (von Willebrand)
Xyntha® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Xyntha® Solofuse [antihemophilic factor (recombinant)]	D66 (Hemophilia A)

**Table 5: Botulinum Toxins/Dysport Diagnosis Codes**

<b>AbobotulinumtoxinA – Dysport®</b>	
<b>ULS – Upper Limb Spasticity</b>	<b>ULS/LLS – Upper or Lower Limb Spasticity</b>
Cervical Dystonia	G24.3
ULS/LLS Associated with Complete Quadriplegia	G82.53
ULS/LLS Associated with Incomplete Quadriplegia	G82.54
ULS/LLS Associated with Cerebral Palsy	G80.0, G80.1, G80.2, G80.4, G80.8, G80.9
ULS Associated with Diplegia of Upper Limb	G83.0
ULS/LLS Associated with Hemiplegia due to Late Effects of Cerebrovascular Disease	I69.•51, I69.•52, I69.•53, I69.•54, I69.•59
ULS/LLS Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*
Spasticity Associated with Monoplegia of Upper or Lower Limb	G83.1*, G83.2*, G83.3*
Spasticity Associated with Monoplegia of Upper or Lower Limb due to Late Effects of Cerebrovascular Disease	I69.•31, I69.•32, I69.•33, I69.•34, I69.•39, I69.•41, I69.•42, I69.•43, I69.•44, I69.•49
ULS/LLS Associated with Multiple Sclerosis (Relapsing)	G35
ULS/LLS Associated with Spastic Hemiplegia	G81.1*
ULS/LLS Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury	S14.0*, S14.1•5*, S14.1•6*, S14.1•7*
<b>IncobotulinumtoxinA – Xeomin®</b>	
<b>ULS – Upper Limb Spasticity</b>	<b>ULS/LLS – Upper or Lower Limb Spasticity</b>
Blepharospasm	G24.5
Cervical Dystonia	G24.3
Chronic Sialorrhea	K11.7
ULS Associated with Multiple Sclerosis (Relapsing)	G35
ULS Associated with Cerebral Palsy	G80.0, G80.1, G80.2, G80.4, G80.8, G80.9
ULS Associated with Spastic Hemiplegia	G81.1*
ULS Associated with C5–C7 Complete Quadriplegia	G82.53
ULS Associated with C5–C7 Incomplete Quadriplegia	G82.54
ULS Associated with Diplegia of Upper Limb	G83.0
ULS Associated with Monoplegia of Upper Limb due to Late Effects of Cerebrovascular Disease	I69.•31, I69.•32, I69.•33, I69.•34, I69.•39
ULS Associated with Hemiplegia due to Late Effects of Cerebrovascular Disease	I69.•51, I69.•52, I69.•53, I69.•54, I69.•59
ULS Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*
ULS Associated with Monoplegia of Upper Limb	G83.2*

ULS Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury (C5–C7)	S14.0*, S14.1•5, S14.1•6, S14.1•7
<b>OnabotulinumtoxinA – Botox®</b>	
<b>ULS – Upper Limb Spasticity    ULS/LLS – Upper or Lower Limb Spasticity</b>	
Axillary Hyperhidrosis	L74.510
Blepharospasm	G24.5
Cervical Dystonia	G24.3
Chronic Migraine (Prophylaxis)	G43.7*
Overactive Bladder	N32.81
Strabismus	H49.*, H50.*, H51.*
ULS/LLS Associated with Multiple Sclerosis (Relapsing)	G35
ULS/LLS Associated with Cerebral Palsy	G80.0, G80.1, G80.2, G80.4, G80.8, G80.9
ULS/LLS Associated with Spastic Hemiplegia	G81.1*
ULS/LLS Associated with Complete Quadriplegia	G82.53
ULS/LLS Associated with Incomplete Quadriplegia	G82.54
ULS Associated with Diplegia of Upper Limb	G83.0
Spasticity Associated with Monoplegia of Upper or Lower Limb	G83.1*, G83.2*, G83.3*
Spasticity Associated with Monoplegia of Upper or Lower Limb due to Late Effects of Cerebrovascular Disease	I69.•31, I69.•32, I69.•33, I69.•34, I69.•39, I69.•41, I69.•42, I69.•43, I69.•44, I69.•49
ULS/LLS Associated with Hemiplegia due to Late Effects of Cerebrovascular Disease	I69.•51, I69.•52, I69.•53, I69.•54, I69.•59
ULS/LLS Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*
ULS/LLS Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury	S14.0*, S14.1•5*, S14.1•6*, S14.1•7*
Urinary Incontinence (Detrusor Overactivity Associated with Neurological Disease)	N36.44, N31.9
<b>RimabotulinumtoxinB – Myobloc®</b>	
<b>ULS – Upper Limb Spasticity    ULS/LLS – Upper or Lower Limb Spasticity</b>	
Cervical Dystonia	G24.3
Chronic Sialorrhea <i>Applies to FFS and All MCOs as of 3/2/20</i>	K11.7

**Table 6: Pulmonary Arterial Hypertension Agents Diagnosis Codes  
MCO Align with FFS Current Diagnosis Code Requirement**

Ambrisentan – Letairis® Bosentan – Tracleer® Epoprostenol Sodium – Veletri®, Flolan® Iloprost – Ventavis® Macitentan – Opsumit® Riociguat – Adempas® Treprostinil – Orenitram®, Remodulin®, Tyvaso®	Pulmonary Arterial Hypertension (PAH)	I27.0, I27.2*, I27.89, P29.3*
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**Table 7: Miscellaneous Agents Diagnosis Codes  
MCO Align with FFS Current Diagnosis Code Requirement**

Aldesleukin – Proleukin®	Melanoma Renal Cell Carcinoma	C43.* C64.*
Aztreonam – Cayston® Tobramycin – Bethkis®, Tobi®	Cystic Fibrosis with Pseudomonas	E84.*
Fentanyl Buccal/Sublingual – Abstral®, Actiq®, Fentora®, Lazanda®, Subsys®	Cancer	C00.*–C96.*
Dornase Alfa – Pulmozyme®	Cystic Fibrosis	E84.*
Methadone	Diagnosis <u>must</u> be submitted, but <u>cannot</u> be Substance Use Disorder	Diagnosis <u>must</u> be submitted but <u>cannot</u> be F11.2*
Buprenorphine – Belbuca®	Diagnosis <u>must</u> be submitted, but <u>cannot</u> be Substance Use Disorder	Diagnosis <u>must</u> be submitted but <u>cannot</u> be F11.2*

**Table 8: Enzyme Replacement Therapy Diagnosis Codes**

<b>Diagnosis Code Requirements for Selected ERT Agents</b>	
<b>Medication</b>	<b>Diagnosis Code</b>
Brineura™ (cerliponase alfa)	E75.4 Neuronal ceroid lipofuscinosis
Cerdelga® ( eliglustat tartrate)	E75.22 Gaucher disease
Cerezyme® (imiglucerase)	E75.22 Gaucher disease
Elelyso® ( taliglucerase alfa)	E75.22 Gaucher disease
Galafold™ (migalastat HCL)	E75.21 Fabry (-Anderson) disease
Strensiq® ( asfotase alfa)	E83.39 Other disorders of phosphorus metabolism [perinatal/infantile- and juvenile-onset hypophosphatasia]
Vpriv® (velaglucerase alfa)	E75.22 Gaucher disease
Zavesca® (miglustat)	E75.22 Gaucher disease