



# State of Louisiana

## Louisiana Department of Health Bureau of Health Services Financing

### MEMORANDUM

**DATE:** February 4, 2021

**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 April 7, 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). These measures were discussed on January 20, 2021 with the Louisiana Drug Utilization Review Board members.

Medication	POS Edit	Details
Lucemyra® (Lofexidine)	Diagnosis Code	Pharmacy claims for lofexidine (Lucemyra®) must be submitted with a diagnosis code for <b>ONE</b> of the following: - Opioid abuse with withdrawal – F11.13 - Opioid dependence with withdrawal – F11.23 - Opioid use, unspecified with withdrawal – F11.93
Naltrexone Tablets	Diagnosis Code	Pharmacy claims for naltrexone tablets must be submitted with a diagnosis code for <b>ONE</b> of the following: - Opioid dependence (F11.2*) - Alcohol dependence (F10.2*) * Any number or letter or combination of <b>UP TO FOUR</b> numbers and letters of an assigned ICD-10-CM diagnosis code

Medication	POS Edit	Details
Other Interferons	Diagnosis Code	See Table 1
Hormones	Diagnosis Code	See Table 1
Topical	Diagnosis Code	See Table 1
Triptans	Diagnosis Code	See Table 1 <ul style="list-style-type: none"> <li>Diagnosis only required if recipient is younger than 18 years of age</li> </ul>
Risk Factors Required with Orlistat Use	Diagnosis Code	See Table 1 <ul style="list-style-type: none"> <li>Claim must be submitted with a diagnosis code for one of the risk factors warranting Orlistat use.</li> </ul>
Short Acting Beta Agonists	Diagnosis Code	See Table 1 <ul style="list-style-type: none"> <li>Pharmacy claims for albuterol and levalbuterol inhalers will bypass the yearly quantity limit (6 inhalers) when submitted with an appropriate bypass diagnosis code.</li> </ul>
Skeletal Muscle Relaxants Containing Codeine	Age Restriction	Pharmacy claims for skeletal muscle relaxants that contain codeine (carisoprodol-aspirin-codeine) will deny at the POS if the recipient is less than 12 years of age. (Age limits for codeine single-ingredient products and codeine combination products were previously implemented. )
Skeletal Muscle Relaxants	Quantity Limit	See Table 2
Albuterol & Levalbuterol	Quantity Limit	Albuterol and levalbuterol inhalers are subject to a quantity limit of 6 inhalers per 365 days.
Lucemyra® (Lofexidine)	Quantity Limit	Subject to a quantity limit (maximum dose) of 16 tablets (2.88mg) per day.
Lucemyra® (Lofexidine)	Day Supply	Incoming pharmacy claims for Lucemyra® (Lofexidine) tablets are limited to a 14-day supply per 6-month period (180 days).
Lucemyra® (Lofexidine)	Age Restriction	All claims for Lucemyra® (Lofexidine) should deny at Point of Sale (POS) for recipients 17 years or younger on the date of service
Naltrexone Tablet	Age Restriction	Pharmacy claims for naltrexone tablets will deny at Point of Sale (POS) for recipients 17 years or younger on the date of service

Medication	POS Edit	Details
Naltrexone Tablet w/ Opioid Including all Buprenorphine Containing Products	Drug-Drug Interaction	Pharmacy claims for naltrexone tablets will deny at Point of Sale (POS) if there is an active claim on the recipient's file for an opioid or buprenorphine containing product. Pharmacy claims for opioids or buprenorphine containing products will deny if there is an active claim on the recipient's file for naltrexone tablet. Pharmacy claims for these medications will deny at Point-of-Sale (POS)
Naltrexone	Therapeutic Duplication	Incoming pharmacy claims for any naltrexone agent will deny for therapeutic duplication when the recipient has an active prescription for any other naltrexone agent.
Acne Agents	Quantity Limit	<ul style="list-style-type: none"> <li>• Tretinoin cream (0.05% and 0.1%) – 45 grams</li> <li>• Sulfacetamide sodium/sulfur cleanser (9%-4%) – 473 mL</li> <li>• Sulfacetamide sodium/sulfur cleanser (9.8%-4.8%) – 285 gm</li> <li>• Sulfacetamide sodium/sulfur suspension (10%-5%) – 30gm</li> </ul>
Eucrisa® (Crisaborole)	Quantity Limit	Subject to a quantity limit of 300 gm per rolling 365 days
Eucrisa® (Crisaborole)	Prior Use	The pharmacy POS system verifies that there has been at least <b>ONE</b> paid claim in the previous 180 days for Eucrisa®, a topical corticosteroid or a topical calcineurin inhibitor.
Epidiolex® (Cannabidiol)	Prior Use	<ul style="list-style-type: none"> <li>• The pharmacy POS system should verify that in the previous 365-day period there has been at least:</li> <li>• <b>ONE</b> paid claim for Epidiolex®; <b>OR</b></li> <li>• A paid claim in the previous 365 days for at least <b>TWO</b> of the following agents (brand/generic or preferred/non-preferred formulations)</li> </ul>
Viltolarsen (Viltepso®)	Clinical Authorization	Pharmacy claims for Viltolarsen (Viltepso®) that are submitted without an approved clinical authorization will deny

**Table 1**

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes		
Generic – Brand Examples	Diagnosis Description	ICD–10 Codes
<b>Other Interferons</b>		
Interferon Alfa–2B Recombinant – Intron A®	AIDS–Related Kaposi's Sarcoma	C46.*
	Chronic Hepatitis B	B18.0, B18.1
	Chronic Hepatitis C	B18.2
	External Genital Warts (Condylomata Acuminata)	A63.0
	Follicular Lymphoma	C82.*
	Hairy Cell Leukemia	C91.4*
	Melanoma	C43.*
Interferon Gamma–1B – Actimmune®	Chronic Granulomatous Disease	D71
	Malignant Osteopetrosis	Q78.2
Peginterferon Alfa–2A –Pegasys®	Chronic Hepatitis B	B18.0, B18.1
	Chronic Hepatitis C	B18.2
Peginterferon Alfa–2B – Sylatron®	Melanoma	C43.*
<b>Hormones</b>		
Goserelin Acetate (1 month) – Zoladex® 3.6mg	Breast Cancer (Female)	C50.0*1*
	Dysfunctional Uterine Bleeding	N89.7, N92.5, N93.8
	Endometriosis	N80.*
	Prostate Cancer	C61
Goserelin Acetate (3 month) – Zoladex® 10.8mg Histrelin Acetate – Vantas® Leuprolide Acetate – Eligard®, Lupron Depot® 7.5mg, 22.5mg (3 month), 30mg (4 month), 45mg (6 month) Triptorelin Pamoate – Trelstar®	Prostate Cancer	C61
Histrelin Acetate –Supprelin LA® Leuprolide Acetate – Lupron Depot–Ped®, Fensolvi® Triptorelin Pamoate – Triptodur®	Central Precocious Puberty	E30.1, E30.8
Leuprolide Acetate – Lupron®	Central Precocious Puberty	E30.1, E30.8
	Prostate Cancer	C61

Louisiana Medicaid – Medications Requiring ICD-10 Diagnosis Codes			
Generic – Brand Examples	Diagnosis Description	ICD-10 Codes	
Leuprolide Acetate – Lupron Depot® 3.75mg, 11.25mg (3 month)	Endometriosis	N80.*	
	Uterine Leiomyoma	D25.*	
Hydroxyprogesterone – Makena®, Generic, Authorized Generic	Pregnancy with History of Preterm– Labor	O09.21*	
Nafarelin Acetate – Synarel®	Central Precocious Puberty	E30.1, E30.8	
	Endometriosis	N80.*	
<b>Topical</b>			
Imiquimod – Zyclara® 2.5%	Actinic Keratosis	L57.0	
Imiquimod – Zyclara® 3.75%	Actinic Keratosis	L57.0	
	External Genital Warts (Condylomata Acuminata)	A63.0	
Imiquimod – Aldara® 5%	Actinic Keratosis	L57.0	
	External Genital Warts (Condylomata Acuminata)	A63.0	
	Superficial Basal Cell Carcinoma	C44.01*	
<b>Triptans</b>			
Almotriptan – Axert® Eletriptan – Relpax® Frovatriptan – Frova® Naratriptan – Amerge® Rizatriptan – Maxalt®, Maxalt MLT® Sumatriptan [Oral, Nasal] – Imitrex®, Onzetra Xsail®, Tosymra® Sumatriptan [Injection] – Zembrace SymTouch® Zolmitriptan – Zomig®, Zomig ZMT® Diagnosis only required if recipient is younger than 18 years of age	Migraine	G43.0*, G43.1*, G43.7*	
	Migraine	G43.0*, G43.1*, G43.7*	
	Cluster Headache, Acute		
	G44.009		

Louisiana Medicaid – Medications Requiring ICD-10 Diagnosis Codes		
Generic – Brand Examples	Diagnosis Description	ICD-10 Codes
<b>Risk Factors Required with Orlistat</b>		
Orlistat – Xenical®  Recipient must have at least one of these risk factors warranting Orlistat use	Atherosclerosis	I70.*
	Cerebrovascular Disease	I60.*, I61.*, I62.*, I63.*, I65.*, I66.*, I67.*, I68.*, I69.*
	Dyslipidemia	E78.0–E78.5
	Gastric Reflux Disease	K21.0, K21.9
	Hyperinsulinemia	E15, E16.1
	Hypertension	I10, I11.*, I12.*, I13.*, I15.*
	Impaired Glucose Tolerance	R73.02
	Ischemic Heart Disease	I21.*, I22.*, I24.*, I25.*
	Osteoarthritis of Hips/Knees	M16.*, M17.*
	Other Peripheral Vascular Diseases	I73.*
	Phlebitis & Thrombophlebitis of Lower Extremities, unspecified	I80.3
	Phlebitis & Thrombophlebitis of Other Deep Vessels	I80.2*
	Phlebitis & Thrombophlebitis of the Femoral Vein	I80.1*
	Phlebitis & Thrombophlebitis of the Superficial Vessels of the Lower Extremities	I80.0*
	Pseudotumor Cerebri	G93.2
	Sleep Apnea	G47.30
	Type 2 Diabetes	E11.*
	Varicose Veins of Lower Extremities, with Inflammation	I83.1*

Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes				
Generic – Brand Examples	Diagnosis Description	ICD–10 Codes		
Orlistat – Xenical®      Continued	Varicose Veins of Lower Extremities, without Mention of Ulcer and Inflammation	I83.9		
	Varicose Veins of Lower Extremities, with Ulcer	I83.0*		
	Varicose Veins of the Lower Extremities with Ulcer and Inflammation	I83.2*		
<b>Bypass Diagnoses</b> <i>Diagnosis code submitted on the pharmacy claim will bypass certain limits</i>				
Albuterol – ProAir HFA®, Proventil HFA®, Ventolin HFA® YQ Levalbuterol – Xopenex HFA® YQ <i>Yearly Quantity Limit (YQ)</i>	Bronchitis, not specified	J40		
	Chronic Airway Obstruction	J44.9		
	Cystic Fibrosis	E84.*		
	Emphysema	J43.*		
	Obstructive Chronic Bronchitis, Chronic Obstructive Asthma	J44.*		
	<b>Louisiana Medicaid – Medications Requiring ICD–10 Diagnosis Codes</b>			
<b>Notes</b>				
* – any number or letter or combination of <b>UP TO FOUR</b> numbers and letters of an assigned ICD–10–CM diagnosis code				
<ul style="list-style-type: none"> <li>– any <b>ONE</b> number or letter of an assigned ICD–10–CM diagnosis code</li> </ul>				

**Table 2**

**Skeletal Muscle Relaxants Quantity Limits**

<b>Medication</b>	<b>Quantity Limit per 30 days</b>
Baclofen 10mg	120 Units
Baclofen 20mg	120 Units
Cyclobenzaprine 5mg	90 Units
Cyclobenzaprine 7.5mg	90 Units
Cyclobenzaprine 10mg	90 Units
Cyclobenzaprine 15mg	30 Units
Cyclobenzaprine 30mg	30 Units
Tizanidine 2mg	90 Units
Tizanidine 4mg	90 Units
Tizanidine 6mg	180 Units

MBW/amh