




# State of Louisiana

Louisiana Department of Health  
Bureau of Health Services Financing

## MEMORANDUM

**DATE:** July 24, 2020

**TO:** All Louisiana Medicaid Prescribing Providers and Pharmacists

**FROM:** Ruth Johnson, Medicaid Executive Director 

**SUBJECT:** Louisiana Medicaid Pharmacy Point of Sale (POS) Edits for Lumateperone (Caplyta™)

Effective August 3, 2020, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will implement Point of Sale (POS) edits for lumateperone (Caplyta™). The POS edits apply to pharmacy claims submitted to FFS and Louisiana Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

### Diagnosis Code Requirement

Pharmacy claims for lumateperone (Caplyta™) require a valid diagnosis code at POS in **NCPDP field 424-DO** (Diagnosis Code).

Diagnosis	ICD-10-CM Diagnosis Code
Schizophrenia	F20.*

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

Pharmacy claims submitted without an acceptable diagnosis code will deny with:

**FFS Only:** **NCPDP rejection code 39** (Missing or Invalid Diagnosis Code) mapped to **EOB Code 575** (Missing or Invalid Diagnosis Code).

**MCO Only:** The pharmacy claim will deny with a **NCPDP rejection code**.

*Note: The diagnosis code must be documented by the prescriber or pharmacist. The diagnosis code may be communicated to the pharmacist electronically, via telephone, or facsimile.*

**Clinical Authorization Requirement (0-5 years old)**

Pharmacy claims submitted for lumateperone (Caplyta™) for recipients 0-5 years old will deny at POS with:

FFS Only: **NCPDP rejection code 88** (DUR Reject Error) mapped to  
**EOB Code 066** (Clinical Authorization Required).

Override provisions should be addressed by submitting the *Louisiana Uniform Prescription Drug Prior Authorization Form*.

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

**Maximum Daily Dose Limit (6-17 years old)**

Pharmacy claims submitted for lumateperone (Caplyta™) for recipients 6-17 years old will deny at POS with:

FFS Only: **NCPDP rejection code 88** (DUR Reject Error) mapped to  
**EOB Code 325** (Exceeds Max Daily Dose – MD Fax Form to 866-797-2329).

Override provisions should be addressed by submitting the *Louisiana Uniform Prescription Drug Prior Authorization Form*.

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

**Maximum Daily Dose Limit (18 years or older)**

Pharmacy claims submitted for lumateperone (Caplyta™) for recipients 18 years old or older will deny at POS when the dose exceeds 42mg/day with:

FFS Only: **NCPDP rejection code 88** (DUR Reject Error) mapped to  
**EOB Code 529** (Exceeds maximum daily dose).

After consultation with the prescriber to verify the necessity of a dose greater than the maximum daily dose for a recipient 18 years old or older, the pharmacist may override the denial by submitting the following 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).

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

### **Therapeutic Duplication**

Pharmacy claims for lumateperone (Caplyta™) will deny if the recipient has an active prescription on file for a traditional or atypical oral antipsychotics. Pharmacy claims submitted for a traditional or atypical oral antipsychotic will deny if the recipient has an active prescription on file for lumateperone (Caplyta™).

Pharmacy claims with a therapeutic duplication will deny at POS with:

**FFS Only:** **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB Code 482** (Therapeutic Duplication).

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

**439-E4 Field** (Reason for Service Code) – **TD** (Therapeutic Duplication)

**440-E5 Field** (Professional Service Code) – **MØ** (Prescriber Consulted)

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

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

**MCO Only:** The pharmacy claim will deny with a **NCPDP rejection code**.

### **Additional Information**

**FFS Only:** Refer to [www.lamedicaid.com](http://www.lamedicaid.com) (select Pharmacy under Medicaid Programs & Initiatives) for the POS User Guide for drug specific override procedures.

**MCO Only:** If an override is required, or additional assistance needed, contact the health plan. (See contact information at the end of this document.)

**MCO and FFS:** Refer to <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf> for the PDL, which is inclusive of the *Louisiana Uniform Prescription Drug Prior Authorization Form*, medication list, criteria, and POS edits.

If you have questions about the content of this memo, you may contact the FFS pharmacy help desk by phone at (800) 437-9101.

If you have questions about pharmacy claims billing, you may contact the appropriate plan at their pharmacy help desk listed in the chart below.

<b>Healthcare Provider</b>	<b>Pharmacy Help Desk</b>	<b>Pharmacy Help Desk Phone Number</b>
Aetna	CVS Health	(855) 364-2977
AmeriHealth Caritas	PerformRx	(800) 684-5502
Fee for Service	DXC Technology	(800) 648-0790
Healthy Blue	CVS	(833) 236-6194
Louisiana Healthcare Connections	CVS Caremark	(800) 311-0543
UnitedHealthcare	Optum Rx	(866) 328-3108

Please forward this notice to other providers to assist with notification. Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

RJ/MBW/GJS

c: Healthy Louisiana Plans  
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