

## Important update: Medically accepted indication edit

Effective in June 2023, CarePlus will have a new point-of-sale edit that will limit the clinical misuse of medications frequently used for health conditions where no evidence supports the safe and effective treatment of those conditions. The medications impacted by this edit are:

## June 1, 2023 effective date

• Stromectol<sup>®</sup> (ivermectin)

## June 15, 2023 effective date

- Ozempic<sup>®</sup> (semaglutide)
- Rybelsus<sup>®</sup> (semaglutide)
- Trulicity<sup>®</sup> (dulaglutide)
- Victoza<sup>®</sup> (liraglutide)
- Mounjaro<sup>®</sup> (tirzepatide)
- Adlyxin<sup>®</sup> (lixisenatide)
- Bydureon<sup>®</sup> (exenatide)
- Byetta<sup>®</sup> (exenatide)

Claims for the medication will deny with one of the error codes below:

Reject code	DUR free text message	DUR additional text message
39	ICD-10* code is required	Please submit an ICD-10 code on the claim.
		OR
		The ICD-10 code <insert claim="" code="" icd-10="" on="" provided="" the=""> does</insert>
		not exist. Please submit a recognized ICD-10 code on the claim.
88	Use is not medically	DRUG NOT SUPPORTED IN <insert code="" icd-10="" on="" provided="" th="" the<=""></insert>
	accepted	claim>
		AND/OR
		PROVIDE EVIDENCE OF HIGH RISK OF SEVERE DISEASE

\*ICD-10 – International Classification of Diseases, 10th Revision

Claims will display the message "Soft Reject Payer Allows DUR/PPS Code Override" in the National Council for Prescription Drug Programs field if drug utilization review/pharmacist professional service (DUR/PPS) code functionality is allowed for a medication. Following consultation with a patient and/or provider and a review of pharmacy data, a pharmacist may override the rejection via entry of the below "Reason for Service," "Professional Service" and "Result of Service" codes for successful claim adjudication.

Edit description	Reason for Service Code	Professional Service Code	Result of Service Code
Reject code: 39	MS: Missing	M0: Prescriber consulted	1B: Filled prescription

	information/clarification	PH: Patient medication	as is
Description: M/I diagnosis		history	1G: Filled, prescriber
code		R0: Pharmacist consulted	approval
		other source	
Occurs when no ICD-10			
code is present on a			
pharmacy claim because			
either the field is empty or a			
syntax invalid code is			
present.			
Reject code: 88	DM: Apparent drug	M0: Prescriber consulted	1B: Filled prescription
	misuse	PH: Patient medication	as is
Description: Medically		history	1G: Filled, prescriber
accepted indication		R0: Pharmacist consulted	approval
required		other source	
Occurs when the ICD-10			
code provided does not			
represent a medically			
accepted indication for the			
use of the medication or if			
the patient's age does not			
satisfy the high-risk			
requirement of a medically			
accepted indication.			

The edits may be suppressed if CarePlus medical claims data supports the presence of a medically accepted indication for the medication or if an ICD-10 code for a medically accepted indication for the medication is submitted on the pharmacy claim. Otherwise, a prior authorization will be required.

The Bank Identification Number (BIN)/Processor Control Number (PCN) combinations for CarePlus are:

	BIN	PCN
Medicare Advantage prescription drug plan	015581	03200008
Medicare Advantage-only	610649	03200000

If you have questions, please call the CarePlus pharmacy call center help desk at **1-800-865-4034**. The help desk is available 24 hours a day, seven days a week.