



## Important update: Medically accepted indication edit – additional information

Effective June 1, 2023, the Limited Income NET (LI NET) Program will have a new point-of-sale edit for certain medications that are used, in part, to treat conditions without a medically accepted indication (as either approved by the U.S. Food and Drug Administration or supported by one or more citations in the Centers for Medicare & Medicaid Services’ recognized compendia). The current medications impacted by this edit are:

- Ozempic® (semaglutide)
- Rybelsus® (semaglutide)
- Trulicity® (dulaglutide)
- Victoza® (liraglutide)
- Mounjaro® (tirzepatide)
- Adlyxin® (lixisenatide)
- Bydureon® (exenatide)
- Byetta® (exenatide)
- Stromectol® (ivermectin)
- Ancobon® (flucytosine)

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 is required	Please submit an ICD-10* code on the claim.  <b>OR</b>  The ICD-10 code <insert ICD-10 code provided on the claim> does not exist. Please submit a recognized ICD-10 code on the claim.
88	Use is not medically accepted	DRUG NOT SUPPORTED IN <insert ICD-10 code provided on the claim> <b>AND/OR</b> 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, or NCPDP, field if drug utilization review/professional pharmacy service (DUR/PPS) code functionality is allowed for a medication. Following consultation with the 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
<p>Reject code: 39</p> <p>Description: M/I diagnosis code</p> <p>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.</p>	<p>MS: Missing information/clarification</p>	<p>M0: Prescriber consulted PH: Patient medication history R0: Pharmacist consulted other source</p>	<p>1B: Filled prescription as is 1G: Filled with prescriber approval</p>
<p>Reject code: 88</p> <p>Description: Medically accepted indication required</p> <p>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.</p>	<p>DM: Apparent drug misuse</p>	<p>M0: Prescriber consulted PH: Patient medication history R0: Pharmacist consulted other source</p>	<p>1B: Filled prescription as is 1G: Filled with prescriber approval</p>

The edits may be suppressed if a valid ICD-10 code for a medically accepted indication for the medication is submitted on the pharmacy claim. Otherwise, a prior authorization will be required.

**NOTE:** Pharmacies should document supporting information for the ICD-10 code entered.

The Bank Identification Number (BIN)/Processor Control Number (PCN) for LI NET is BIN 015599/PCN 05440000.

Humana may modify this edit from time to time. If you have questions, please call the LI NET help desk at **800-783-1307**, Monday – Friday, 8 a.m. – 7 p.m., Eastern time.