



Kathleen Babineaux Blanco
GOVERNOR

STATE OF LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS



Frederick P. Cerise, M.D., M.P.H.
SECRETARY

September 20, 2007

Dear Prescribing Practitioner:

RE: PDL # 07-02

Attached is the complete, most current listing of drugs on the Medicaid Prior Authorization (PA) Process' Preferred Drug List (PDL) "07-02." The listing includes preferred drugs and those drugs requiring prior authorization. **This list will be effective October 1, 2007.**

The PA process, in accordance with the program's "Continuity of Care" policy, does not impact original prescriptions (or refills) issued by a prescribing practitioner prior to effective PA dates of drugs as they are added to the PA process *as long as they are within the 5 refills and 6-month program limits*. An educational alert will notify the pharmacist that prescriptions (and their refills) will require a new prescription and prior authorization, if the prescription life exceeds six months or the refill exceeds the 5 refill limit. The educational alert will state, "NEW RX WILL REQUIRE PA AFTER (DATE)."

This issuance of the PDL includes the COX-2 selective agent, Celebrex®. Please be reminded that several years ago, the FDA issued a Public Health Advisory, which stated that use of a COX-2 selective agent may be associated with an increased risk of serious cardiovascular events, especially when they are used for long periods of time or in very high-risk settings.

As a result of this Public Health Advisory and to help ensure the safety and well being of Medicaid patients, our current policy requires the prescribing practitioner to include:

- The condition being treated with the COX-2 selective agent by indicating the ICD-9-CM diagnosis code of the treated condition (e.g. Osteoarthritis – 715.0) on all new prescriptions written for a COX-2 selective agent; and
- The reason a COX-2 selective agent is used rather than a non-selective NSAID (e.g. treatment failure or history of a GI bleed).

The ICD-9-CM diagnosis code and the rationale for the choice of a COX-2 must be noted in the prescriber's handwriting. A rubber stamp notation is not acceptable.

A prescription written for a COX-2 selective agent that includes a diagnosis code without a rationale for using the COX-2 selective agent will be set to process without an override when the following criteria is met:

- Patient has current prescription for H2 receptor antagonists;
- Patient has current prescription for proton pump inhibitor;
- Patient has current prescription for warfarin;
- Patient has current prescriptions indicating chronic use of oral steroids; or
- Patient is sixty years old or greater.

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The goal is to assure appropriate use of this COX-2 selective agent and allow pharmacy claims to process when gastrointestinal risks appear likely with use of the non-selective NSAIDs.

Information on the Prior Authorization process, including the PDL and Prior Authorization Request Form (copy is attached, Form RXPA01), is also available on the Louisiana Medicaid website (www.lamedicaid.com). This website will be updated when changes (additions or deletions) are made to the PDL. The program may also utilize the provider remittance advices to notify providers of PDL changes that must be implemented in short time frames.

The Department has received inquiries that drug products requiring PA are not reimbursable by Medicaid. Medicaid does reimburse for drug products requiring prior authorization when the prior authorization process is followed.

Thank you for your continued cooperation. We appreciate your participation in the Medicaid Program.

Sincerely,

Jerry Phillips
Medicaid Director

MJT/alp

Attachments (2)