



STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS



M. J. "Mike" Foster, Jr.  
GOVERNOR

David W. Hood  
SECRETARY

October 1, 2002

Dear Prescribing Practitioners and Pharmacy Providers:

Attached is a listing of drugs to be added to the Medicaid Prior Authorization (PA) Process' Preferred Drug List (PDL). The listing includes preferred drugs and those drugs requiring prior authorization with effective implementation dates shown. Please add this list to the ones previously sent.

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)."

The Medicaid PBM Program utilizes a numbering system to assist providers in maintaining the lists disseminated. You will note the list included with this correspondence is "02-03." Please be advised this attachment contains updates to the previously issued Prior Authorization PDL Implementation Schedules issued May 24, 2002 (Issuance 02-01) and July 16, 2002 (Issuance 02-02). These updates are noted on the attachment in **bold** and *italics* and include the following therapeutic classes: Proton Pump Inhibitors, Inhaled Steroids, and Beta Adrenergic Agents. Some drugs in these therapeutic classes which previously required prior authorization have been moved to the PDL while others will now require prior authorization. The effective dates of these changes are also shown on the chart. It is recommended that you make notations with effective dates on transmittals whenever changes occur in therapeutic classes to ensure you are referencing the most current status of a drug. For example, a note on the "Proton Pump Inhibitor" class on Transmittal 02-01 such as "Obsolete effective October 14, 2002 by Transmittal 02-03" might be helpful. Additionally, the last page of the attachment contains drug products are to be removed from the listings as a result of the drug being discontinued or obsolete.

Information on the Prior Authorization process, including the PDL and Prior Authorization Request Form, is also available on the Louisiana Medicaid website ([www.lamedicaid.com](http://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,

Ben A. Bearden  
Director

BAB/mjt