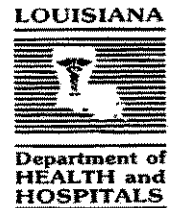




Kathleen Babineaux Blanco
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



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

June 14, 2004

Dear Pharmacy Provider:

Attached is the complete, most current listing of drugs on the Medicaid Prior Authorization (PA) Process' Preferred Drug List (PDL) "04-02." The listing includes preferred drugs and those drugs requiring prior authorization.

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)."

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. Additionally, should a claim deny because a PA is required, you may want to 1) verify that the PA was actually obtained and the dates of service for the PA; 2) verify that the filling date on the claim is subsequent to the start date of the PA. (Remember: PAs are not retroactive); and 3) call the POS help desk at 1-800-648-0790 for further assistance.

Please note that for drugs available over-the-counter (OTC) shall not be billed to the Medicaid Program with the NDC for the legend product. The OTC NDCs will not be covered by the Department. NDCs of the legend product that remain covered will be subject to PA and POS requirements.

Also, attached is Appendix D detailing the information required to review retroactive eligibility. Please be advised that pharmacy claims will only be overridden for the prior authorization edit for **eligibles with certified retroactive eligibility**. Claims submitted for eligibles who do not have retroactive eligibility will not have the PA edit overridden.

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

Sincerely,

Ben A. Bearden
Medicaid Director

BAB/ht

Attachments (3)