



STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS



Kathleen Babineaux Blanco  
GOVERNOR

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

October 20, 2005

Dear Pharmacy Provider:

RE: PDL # 05-02  
Monthly Script Limit

Attached is the complete, most current listing of drugs on the Medicaid Prior Authorization (PA) Process' Preferred Drug List (PDL) "05-02." The listing includes preferred drugs and those drugs requiring prior authorization. **This list will be effective November 1, 2005.**

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](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. 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.

**Act 177 of the 2005 Regular Session of the Louisiana Legislature** authorizes the Department of Health and Hospitals to review atypical antipsychotic and hepatitis C drugs for placement on the Medicaid Preferred Drug List (PDL). These drugs were reviewed at the August 17, 2005, Pharmaceutical and Therapeutics Committee meeting and are included on the current PDL #05-02. The legislation contains a "grandfathering" provision which provides for the following: *Medicaid recipients that have had a prescription filled for an atypical antipsychotic or hepatitis C drug from May 1 – October 31 (six months prior to the effective date of the drug class being placed on the PDL) will not need to obtain prior authorization for their drug if the drug that they are currently taking should be non-preferred.*

**Hospital Discharge Prescriptions for Atypical Antipsychotics:** When a recipient is discharged from a hospital with a prescription for an atypical antipsychotic prescription, the prescribing practitioner must indicate on the face of the prescription, if hard copy, that the prescription is a "Hospital Discharge" or if the prescription is called in to the pharmacy, the "Hospital Discharge" status of the prescription must be communicated to the pharmacist who must indicate "Hospital Discharge" on the hard copy prescription.

In situations where the prescribing practitioner is unavailable and the pharmacist determines the prescription is a "Hospital Discharge" prescription, the pharmacist must indicate "Hospital Discharge" on the hard copy prescription.

Pharmacy Provider  
October 20, 2005  
Page 2

Claims for "Hospital Discharge" prescriptions needing prior authorization (PA) will be submitted using the same process used for an emergency override. The pharmacist must code the claim as an emergency prescription (enter "03" in NCPDP Field 418-DI - Level of Service). An NCPDP educational alert will notify the pharmacist that the drug requires prior authorization.

Prescriptions for "Hospital Discharge" products shall be dispensed in a MINIMUM quantity of a 3-day supply, and **refills for the dispensing of the non-preferred products are not permitted.** The recipient's practitioner must contact the Prior Authorization Unit to request authorization to continue the medication past the "Hospital Discharge" supply, and a new prescription must be issued.

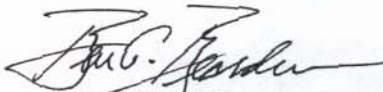
DHH will monitor emergency prescriptions/recipients on an ongoing basis through management reports, pharmacy provider audits, and other review programs to review the number of these prescriptions and the reasons for them.

**Monthly Script Limit**

The monthly script limit edit was temporarily suspended for Hurricane Katrina. Please note that effective November 1, 2005, the monthly script limit edit will be reactivated.

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

Sincerely,



Ben A. Bearden  
Medicaid Director

BAB/mjt/ht

Attachments (2)