

Louisiana Medicaid Preferred Drug List (PDL) with Active Links to Criteria and Other Important Information

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Good News – A SINGLE PREFERRED DRUG LIST for ALL Louisiana Medicaid Recipients!

Effective May 1, 2019, the Louisiana Medicaid Fee-for-Service (FFS) Pharmacy Program and five Managed Care Organizations (MCOs) will implement a Single PDL. This Single PDL will eliminate the need for prescribers to use multiple lists of preferred drugs for Louisiana Medicaid recipients. The FFS PDL will become the Single PDL.

The Single PDL aligns the lists of preferred and non-preferred drugs across the five MCOs and FFS Medicaid. Prior authorization (PA) criteria will align over time.

If you have questions about the PA approval criteria for the recipient’s health plan, contact the recipient’s health plan at one of the numbers listed below.

Health Plan	Prior Authorization Contact Numbers	
	Phone	Fax
Aetna Better Health of Louisiana	1-855-242-0802	1-844-699-2889
AmeriHealth Caritas Louisiana	1-800-684-5502	1-855-452-9131
Fee-for-Service Louisiana Legacy Medicaid	1-866-730-4357	1-866-797-2329
Healthy Blue Community Care Health Plan of Louisiana	1-844-521-6942	1-844-864-7865
Louisiana Healthcare Connections	1-888-929-3790	1-866-399-0929
UnitedHealthcare Community Plan	1-800-310-6826	1-866-940-7328

The PDL for Louisiana Medicaid FFS has a new look! It is still organized by therapeutic class and arranged in two main columns, Drugs on PDL and Drugs on NPDL Which Require Prior Authorization (PA). What is new is that the criteria for approval and information about additional point-of-sale (POS) edits are conveniently located on the left in each therapeutic class. POS edits happen when the pharmacy submits the claim. Take a look!



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Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)		Effective Date: January 1, 2019		
AL – Age Limits	DS – Maximum Days' Supply Allowed	QL – Quantity Limits		
BH – Behavioral Health Clinical Pre-Authorization Required for Children Younger Than 6 Years Old	DT – Duration of Therapy Limit	RX – Specific Prescription Requirements		
BY – Diagnosis Codes Bypass Some Requirements	DX – Diagnosis Code Requirements	TD – Therapeutic Duplication		
CL – More Detailed Clinical Information Required for Authorization	ER – Early Refill NOT Allowed	UN – Drug Use Not Warranted (Needs Appropriate Diagnosis)		
CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	MD – Maximum Dose Limits	X – Prescriber Must Have 'X' DEA Number		
DD – Drug-Drug Interactions	PR – Enrollment in a Physician-Supervised Program Required	YQ – Yearly Quantity Limits		
DR – Concurrent Prescriptions Must Be Written by Same Prescriber	PU – Prior Use of Other Medication is Required			
Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
EPINEPHRINE, SELF-INJECTED (11) *Request Form *Criteria	Epinephrine 0.3mg (Authorized Generic EpiPen®)	QL	Epinephrine 0.3mg (EpiPen®)	QL
	Epinephrine 0.15mg (Authorized Generic EpiPen Jr®)	QL	Epinephrine 0.15mg (EpiPen Jr®)	QL
			Epinephrine 0.15 Mg (Authorized Generic Adrenaclick®)	QL
			Epinephrine 0.3 Mg (Authorized Generic Adrenaclick®)	QL
GROWTH DEFICIENCY (12) Growth Hormones *Request Form *Criteria	Somatropin Pen (Norditropin® FlexPro)	CL, DX	Somatropin Cartridge, Syringe (Genotropin®)	CL, DX
	Somatropin Pen (Nutropin AQ® NuSpin)	CL, DX	Somatropin Cartridge, Vial (Humatrope®)	CL, DX
			Somatropin Cartridge, Vial (Sazzen®)	CL, DX
			Somatropin Vial (Serostim®)	CL, DX
			Somatropin Vial (Zomacton®)	CL, DX

POS Edits

POS edit abbreviations are defined at the top of each page for your convenience. More specific information can be found in the documents linked in the column on the left. To ensure safe and appropriate use, edits and/or limits are placed on some medications at POS. In other words, when the prescription claim is submitted to LA Medicaid FFS at the pharmacy, the quantity, diagnosis code and other limits may be verified based on the information that the pharmacy submits on the claim. Additionally, duplication of therapy and other safety edits may be checked before the prescription claim is processed for payment. The new PDL format lists most of the POS safety edits beside each medication in the column titled POS Edits located to the right of each medication. Most information about these POS edits can be found in the documents linked in the Descriptive Therapeutic Class column. Additional information can be found in the Pharmacy Provider Manual at <https://www.lamedicaid.com/provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf>. When new POS edits are implemented, a notice is posted online on the LDH Pharmacy page at <https://www.lamedicaid.com/provweb1/Pharmacy/pharmacyindex.htm>. The newest notices are posted at the top of the page, so they are easy to find. The older notices move down the page as new notices are posted, but you can find older posts on the page if you need to refer back to them.

Descriptive Therapeutic Class

The Pharmaceutical and Therapeutics (P&T) Committee currently reviews over 100 therapeutic classes on the PDL. The P&T Committee reviews half of the therapeutic classes in the spring and the other half of the therapeutic classes in the fall. Based on the therapeutic classes reviewed, the new PDL is revised after the spring and fall meetings, and implemented in July and January respectively. Keep in mind, the PDL only lists therapeutic classes that are reviewed by P&T. This means that some older medications, and some that are brand new, are not found on the list at all. If the desired medication or therapeutic class is not listed on the PDL, it does not mean that Medicaid does not cover the medication. If you have questions about the payable status of a particular drug for a FFS Medicaid recipient, you may call the Louisiana Department of Health (LDH) Pharmacy office at 800-437-9101 from 8am to 4:30pm Monday through Friday (excluding holidays).

Drugs on PDL

The medications in the column titled Drugs on PDL are preferred and do not require PA unless the drug requires clinical criteria noted by CL in the POS Edits column. Preferred medications may have additional POS safety edits, and many of those edits are listed beside the medication in the POS Edits column. The PDL includes options for your patients.

Drugs on NPDL Which Require Prior Authorization (PA)

Louisiana Medicaid's PDL may be unique, in that it includes not only preferred medications in the therapeutic classes that are reviewed by P&T, but also includes non-preferred medications in the column titled Drugs on NPDL Which Require Prior Authorization (PA). If the medicine you are considering for your patient is non-preferred, consider the preferred options listed in the same therapeutic class. An appropriate option may be preferred without the need to get PA. If the preferred choices are not appropriate for your patient, and you need to get a PA, click on the criteria document linked in the left column in the Descriptive Therapeutic Class column to find the required criteria for approval of the non-preferred medicine.

Additional Agents That Have Point-Of-Sale (POS) Requirement(s)

The last page of the PDL lists additional medications that are neither preferred nor non-preferred (these medications are in therapeutic classes that are not reviewed by P&T). However, to ensure safe and appropriate use of these medications, a POS safety edit and/or a clinical pre-authorization requirement may apply.

Frequently Asked Questions

The medication is preferred, is there anything else to know?

Yes – there may be POS edits (see above) and/or the medication may require clinical pre-authorization (as noted by “CL” in the POS Edits column on the PDL). Clinical pre-authorization involves additional clinical requirements and can be required for any medication, preferred or non-preferred.

What if the medication is not found on the PDL – Does this mean it is not covered?

No – it may mean the medication is not in one of the therapeutic classes that are reviewed by the P&T Committee. If you do not find a medication on the list, and you have questions about the payable status of a particular drug for a FFS Medicaid recipient, you may call the Louisiana Department of Health (LDH) Pharmacy office at 800-437-9101 from 8am to 4:30pm Monday through Friday (excluding holidays).

LOOK online - SEARCH for the medication - and VIEW the information. It is that easy!

LOOK

The most current Louisiana Medicaid FFS PDL is found at <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>.

SEARCH

The PDL is searchable online. Depending on your operating system, press Ctrl + F, or Command + F to open the Find Tool. Type in the name of the medication or the therapeutic class of the medication. If the medication, or class of medication, is not found, call 800-437-9101 to check the payable status of the medication.

VIEW

For each therapeutic class of medications listed on the PDL, criteria for approval are found in the Descriptive Therapeutic Class column on the left, whether it is clinical criteria on the entire class of medications (“CL” in the POS Edits column), or criteria for approval of a non-preferred medication.

References

<http://ldh.la.gov/assets/HealthyLa/Pharmacy/LAMedicaidSinglePDL2.1.19.pdf>

<http://www.ldh.la.gov/assets/HealthyLa/PDL/1.2019/FFSMCORMPAForm.pdf>

PHARMACY FACTS

Program Updates from Louisiana Medicaid

Pharmacy Facts can also be found online at: <http://ldh.la.gov/index.cfm/page/3036>.

March 1, 2019

Single PDL letters regarding prior authorization mailed to members, providers

In preparation for implementing the single preferred drug list (PDL) on May 1, 2019, managed care organizations (MCOs) have mailed letters to members and providers to notify them of any negative changes (i.e., a medication changing from preferred to non-preferred status).

The Louisiana Department of Health (LDH) has directed the MCOs that some classes of drugs will be “grandfathered.” This will allow a current prior authorization (PA) to expire instead of being terminated on April 30, 2019. Additional letters will be sent as allowed PAs expire.

Classes of drugs to allow PA to expire include:

- Alzheimer’s agents
- Antipsychotic agents
- Agents to treat Depression
 - Antidepressants, other
 - SSRIs
- Agents to treat Digestive disorders
 - Bile acid salts
 - Pancreatic enzymes
 - Ulcerative colitis agents
- Angiotensin receptor antagonist/neprilysin inhibitor (Entresto)
- Anticoagulants-platelet aggregation inhibitors
- Pulmonary arterial hypertension (PAH)
- Hemodialysis-pituitary suppressive agents
- Immunosuppressives, oral
- Hepatitis C agents
 - Direct acting agents
 - Non-direct acting agents
- Ophthalmic disorders
 - Glaucoma agents
 - Intraocular pressure reducers
- Parkinson’s Disease: anti-Parkinson agents – anticholinergic and other
- Antivirals, oral
- Hemophilia
- Oncology (all)

Additional clarifications are forthcoming. More background on the single PDL can be found in previous editions of [Pharmacy Facts](#).

Clarification on MCO coverage for acne, cough and cold medicines

Effective May 1, 2019, MCOs will be required to cover only what fee-for-service Medicaid covers for acne and cough and cold medicines.

Eligibility and Enrollment System Provider Bulletins

Louisiana Medicaid is publishing bi-weekly provider bulletins to address provider questions and concerns around the new eligibility and enrollment system. The information in these bulletins covers a wide range of provider issues and provider types. This and other news can be found on the web site dedicated to the new system, found here:

<http://ldh.la.gov/index.cfm/page/3497>.

If there are topics you feel need to be covered in these public communications, please let us know by sending an email to Healthy@la.gov.

Online Medicaid Provider Manual Chapter Revisions as of March 2019

Manual Chapter	Section(s)	Date of Revision(s)
Durable Medical Equipment	18.2 Specific Coverage Criteria Appendix I Electric Breast Pump Request Form	04/01/19
Hospice Services	Title Page Table of Contents 24.2 Election of Hospice Care 24.3 Covered Services 24.5 Provider Requirements 24.6 Prior Authorization 24.7 Hospice Revocation and Discharge 24.9 Reimbursement 24.10 Claims Related Information Appendix A Recipient Notice of Election/ Revocation/Discharge/Transfer Appendix C Hospice Diagnosis Codes Appendix D Contact/Referral Information	03/26/19
Hospital Services	Title Page 25.3 Outpatient Services	03/22/19
New Opportunities Waiver	32.0 Overview 32.1 Covered Services 32.2 Self-Direction Option 32.3 Recipient Requirements 32.4 Rights and Responsibilities 32.5 Service Access and Authorization 32.6 Provider Requirements 32.7 Staffing Requirements 32.8 Record Keeping 32.9 Reimbursement Appendix B Glossary Appendix C Contact Information Appendix D Forms Appendix E Billing Codes Appendix F Claims Filing	03/28/19

Archived Online Medicaid Provider Manual Chapter Archived as of March 2019

Manual Chapter	Section(s)	Date of Omission(s)
Durable Medical Equipment	18.2 Specific Coverage Criteria Appendix I Electric Breast Pump Request Form	04/01/19
Hospice Services	Title Page Table of Contents 24.2 Election of Hospice Care 24.3 Covered Services 24.5 Provider Requirements 24.6 Prior Authorization 24.7 Hospice Revocation and Discharge 24.9 Reimbursement 24.10 Claims Related Information Appendix A Recipient Notice of Election/ Revocation/Discharge/Transfer Appendix C Hospice Diagnosis Codes Appendix D Contact/Referral Information	03/26/19
Hospital Services	Title Page 25.3 Outpatient Services	03/22/19

Remittance Advice Corner**ICD-10 UPDATE: External Cause of Injury Diagnosis Codes (Diagnosis Codes Beginning with V, W, X or Y) Are now Billable as Non-Primary Diagnosis Codes**

Beginning with dates of service on and after September 4, 2018, Louisiana Medicaid will accept external cause of injury ICD10 codes when reported as non-primary diagnosis.

FFS claim denials for invalid diagnosis codes (edit 433) for external cause of injury code when reported in the non-primary diagnosis field will be recycled for payment on April 1, 2019.

Going forward, claims filed with an external cause of injury code as a primary diagnosis will be denied with Edit 020.

Please refer to CMS 1500 and UB 04 billing instructions located on LAMedicaid.com:

https://www.lamedicaid.com/provweb1/billing_information/medicaid_billing_index.htm

If you have questions about the contents of this RA, you may contact DXC Provider Relations at 1-800-473-2783 or refer to www.lamedicaid.com.

**Attention Louisiana Fee for Service (FFS) Medicaid Providers**

On March 14, 2019, Fee for Service (FFS) Medicaid implemented Point of Sale (POS) Clinical Pre-Authorization for Multiple Sclerosis treatment agents. Please refer to www.lamedicaid.com for more information.

Attention Louisiana Fee for Service (FFS) Medicaid Providers

On March 14, 2019, Fee for Service (FFS) Medicaid implemented Point of Sale (POS) Clinical Pre-Authorization for Granulocyte Colony Stimulating Factor (GCSF) agents and updated diagnosis codes for incobotulinumtoxinA (Xeomin®). Please refer to www.lamedicaid.com for more information.



**Attention Professional Service Providers
FFS Claim Denials Reprocessed**

LDH identified inappropriate claim denials for edit 047 (ordering provider required) with dates of services from April 1, 2017 thru January 23, 2019. These claims will be reprocessed on the March 26, 2019 check write.

Please contact DXC Provider Relations at 225-924-5040 or 1-800-473-278 for questions related to this announcement.



Attention Enteral Nutrition and Oral Supplement Providers

Effective May 1, 2019, and with dates of service forward, Louisiana Medicaid will no longer cover the Nutrabalance Protein Cookies listed under HCPCS code B4153 on the DME Enteral Nutrition Fee Schedule.

The following National Drug Codes (NDCs) will no longer be available in the DME program:

- 07249122006
- 07249191003
- 07249191005
- 07249191009
- 07249551804
- 07249551807

Providers must reach out to prescribing physicians and recipients to determine a replacement alternative as a source of protein for recipients. LDH is requesting that providers work with DXC Technology to cut back prior authorizations and reduce units in order to submit new prior authorizations that include the physician's replacement source of protein for recipients. DXC Technology was instructed not to approve new prior authorization for the NutraBalance protein cookie past dates of service 4/30/2019.



**Attention Physicians and Independent Laboratories
2019 Clinical Laboratory Services - Reimbursement Changes**

Under Federal regulation, state Medicaid agencies are prohibited from reimbursing providers of clinical laboratory services at a higher rate than the Medicare allowable rate. In accordance with this regulation, clinical laboratory reimbursement rates have been updated on the fee-for-service Medicaid file effective for dates of service January 1, 2019 and forward. The Laboratory and Radiology fee schedule has been updated to reflect those changes.

Clinical laboratory claims for dates of service on or after January 1, 2019, where the previous reimbursement exceeded the Louisiana Medicare allowable rate will be systematically recycled on the remittance of March 19, 2019 without any action required by the provider.

Please contact DXC Technology Provider Relations at (800) 473-2783 or (225) 924-5040 if there are questions related to this matter for fee for service claims.

Questions related to the Healthy Louisiana managed care organizations' updates should be directed to the specific health plan.



Attention Hospice Care Providers and Agencies

Effective immediately, providers now have up to 5 calendar days to submit the Notices of Revocation, Discharge, Transfer and Void to the Prior Authorization Unit (PAU) at DXC Technology.

Providers are reminded that failure to submit Notices of Revocation, Discharge or Transfer in a timely manner can result in the inability for other providers to bill for Medicaid services. Late submissions will be monitored by the department and PAU, and may be subject to monetary penalties.

Information regarding this policy can be found on www.lamedicaid.com under the Provider Manuals link, within the Hospice provider manual.

Questions regarding this message and fee-for-service claims should be directed to DXC Technology Provider Relations at (800) 473-2783 or (225) 924-5040.

Questions related to managed care claims should be directed to the appropriate Managed Care Organization (MCO).



For Information or Assistance, Call Us!

Provider Enrollment	(225)216-6370	General Medicaid Eligibility Hotline	1-888-342-6207
Prior Authorization:		MMIS Claims Processing	(225) 342-3855
Home Health/EPSTD – PCS	1-800-807-1320	Resolution Unit	
Dental	1-866-263-6534 1-504-941-8206		
DME & All Other	1-800-488-6334 (225) 928-5263	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Hospital Pre-Certification	1-800-877-0666		
Provider Relations	1-800-473-2783 (225) 924-5040	Medicare Savings Program and Medicaid Purchase Hotline	1-888-544-7996
REVS Line	1-800-776-6323 (225) 216-(REVS)7387		
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	For Hearing Impaired	1-877-544-9544
		Pharmacy Hotline	1-800-437-9101
		Medicaid Fraud Hotline	1-800-488-2917