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Louisiana Department of Health
Bureau of Health Services Financing

M E M O R A N D U M

DATE: July 29, 2025

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Kimberly Sullivan, Medicaid Executive Director

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Clinical Authorization and Updates – August 2025

Effective August 1, 2025, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs), in consultation with the Drug Utilization Review (DUR) Board, will implement clinical authorization for select medications. The authorization applies to pharmacy claims submitted to Gainwell Technologies for FFS and to Prime Therapeutics State Government Solutions, LLC (Prime) for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

1.) **<u>Point of Sale Clinical Authorization Requirement</u>**
Pharmacy claims for the following select agents require clinical authorization.

- Apomorphine hydrochloride (Onapgo™)
- Aprocitentan (Tryvio™)
- Axatilimab-csfr (Niktimvo™)
- Bile Acid Salts
  - Chenodiol (Chenodal®, Ctexli™)
  - Cholic Acid (Cholbam®)
  - Elafibranor Tablet (Iqirvo®)
  - Obeticholic Acid (Ocaliva®)
  - Seladelpar (Livdelzi®)
- Danicopan (Voydeya™)
- Dexchlorpheniramine maleate (Ryclora™)
- Fezolinetant (Veozah™)
- Olezarsen (Tryngolza™)
- Palopegteriparatide (Yorvipath®)
- Ustekinumab-stba (Steqeyma®)

- Ustekinumab -ttwe (Pyzchiva®)
- Ustekinumab -aekn (Selarsdi™)
- Ustekinumab -aauz (Otulfi™)

Pharmacy claims submitted without an approved clinical authorization will deny at Point of Sale (POS) with:

- Denial from Gainwell Technologies (FFS Only): **NCPDP rejection code 75** (Prior Authorization Required) mapped to **EOB code 066** (Clinical Authorization Required).

FFS override provisions should be addressed through the Clinical Authorization process.

- Denial from Prime (MCO Only): **NCPDP rejection code 75** (Prior Authorization required) with additional message: Clinical Authorization required. Please call 1-800-424-1664.

2.) Clinical Authorization and Point of Sale Updates

- Allergy – Nasal Rhinitis Agents– Revised prior authorization approval criteria to include diagnosis requirement of seasonal allergic rhinitis for olopatadine hydrochloride and mometasone furoate monohydrate (Ryaltris®) and a diagnosis of chronic rhinosinusitis for fluticasone propionate (Xhance®). Also, criteria was modified to include an age restriction of 12 years of age or older for Ryaltris® and 18 years of age or older for Xhance® on date of service.
- Asthma/COPD Inhaled Glucocorticoids – Created separate continuation of therapy criterion.
- CGRP Antagonists – Revised current clinical criteria to include criteria to prevent duplicate CGRP therapy for same indication. Aligned initial approval duration to 6 months for all.
- Cytokine and CAM Antagonists – Revised clinical criteria to reflect the new indications of Cytokine release syndrome (CRS) and Coronavirus Disease 2019 (COVID-19) for tocilizumab-aazg (Tyenne®). Also, modified clinical criteria to reflect the new indication of Crohn's disease for guselkumab (Tremfya™).
- Diabetes – Hypoglycemics – Incretin Mimetics / Enhancers™ – Revised current clinical criteria for GLP-1 agents to provide better clarity confirming a history a hemoglobin A1C (A1C) ≥ 6.5%, with associated date. Noting established therapy without the referenced history of an A1C

≥ 6.5% is not accepted for initial approval. Modified reauthorization approval duration to 6 months for GLP-1 agents.

- GI Motility Agents – Added criterion requiring diagnosis and created separate continuation of therapy criterion.
- Immunomodulators- Diagnosis specific quantity limits for dupilumab (Dupixent®).

Dupilumab Pen (Dupixent®) *Initiation of therapy – identified as no paid claim for (Dupixent®) within the past six (6) months. The quantity limit for initiation of therapy should not exceed 6ml.*	Atopic Dermatitis (L20*)	Initiation	6ml in 28 days
		Maintenance	4ml per 28 days
	Asthma (J45*)	Initiation	6ml in 28 days
		Maintenance	4ml per 28 days
	Chronic Obstructive Pulmonary Disease (J44*)		4ml per 28 days
	Chronic Rhinosinusitis with Nasal Polyps (J33*)		4ml per 28 days
	Eosinophilic Esophagitis (K20.0)		8ml per 28 days
	Prurigo Nodularis (L28.1)	Initiation	6ml in 28 days
		Maintenance	4ml per 28 days

- Infectious Disorders – Antibiotics – Oxazolidinones – Revised clinical criteria for linezolid (Zyvox™) and tedizolid phosphate (Sivextro™) to shows sensitivity to the requested antibiotic, and that C&S report shows sensitivity to no other oral antibiotic therapies.
- Opiate Dependence Agents – Revised POS quantity limit edit to allow for the initiation dose of buprenorphine extended-release injection (Sublocade™) in which the two initial doses of 300 mg may be given as early as one week apart; followed by a maintenance dose of 1 unit every 26 days.
- Pain Management – Neuropathic Pain – Added specific criteria for non-preferred lidocaine patches.
- Pain Management – Skeletal Muscle Relaxants – Revised prior authorization approval criteria to include age restriction of 18 years of age or older on the date of service for claims submitted for an orphenadrine-containing agent. Additional changes include an assessment of drug abuse and dependence evaluated by the prescriber and a prior treatment failure of a single ingredient orphenadrine 100mg tablet for requests submitted for a combination product containing orphenadrine.
- Potassium Binders – Revised patiromer (Veltassa™) clinical criteria to reflect expanded indication for treatment in recipients 12 years of age and older and POS quantity limit edit to include new 1gram dosage strength.

- Selected Hormonal Agents – Revised current POS age restriction edit to require a diagnosis code for all ages, and claims that are submitted with a diagnosis code associated with gender dysphoria or gender reassignment (F64*, Z87.890) for any age will be denied. (Implementation Date: June 1, 2025)
- Spinal Muscular Atrophy – Revised POS quantity limit edit to include new tablet formulation for Risdiplam (Evrysdi™).

Additional Information:
FFS and MCO: Most pharmacy claim denials can be overridden in emergency situations at Point of Sale. If it is necessary to override the claim, "**03**" can be entered in **NCPDP field 418-DI** (Level of Service).

Refer to http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf for the PDL, which is inclusive of the *Louisiana Uniform Prescription Drug Prior Authorization Form*, medication list, and criteria.

If you have questions about the content of this memo, you may contact the FFS pharmacy help desk by phone at (800) 437-9101.

FFS pharmacy claims should be submitted to Gainwell Technologies. MCO pharmacy claims should be submitted to Prime. If you have questions about pharmacy claims billing, you may contact the appropriate plan at their pharmacy help desk listed in the chart below.

Healthcare Provider	Pharmacy Help Desk	Pharmacy Help Desk Phone Number
Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, UnitedHealthcare	Prime	(800) 424-1664
Fee for Service	Gainwell Technologies	(800) 648-0790

Please forward this notice to other providers to assist with notification. Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

KS/RB/SF/GJS

cc: Gainwell Technologies
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