



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: December 17, 2018

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Jen Steele, Medicaid Director

SUBJECT: Louisiana Medicaid Fee for Service (FFS) Pharmacy Clinical Pre-Authorization Requirements for Cytokine and Cell-Adhesion Molecule (CAM) Antagonists

Effective December 27, 2018, the Louisiana Medicaid FFS Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (LADUR) Board will implement clinical pre-authorization requirements for cytokine and cell-adhesion molecule (CAM) antagonists.

Clinical Pre-Authorization Requirement

Pharmacy claims will be reimbursed at Point of Sale (POS) when the prescriber has obtained an approved clinical pre-authorization. Prescribers must complete the *Louisiana Uniform Prescription Drug Prior Authorization Form* in full and fax it to 1-866-797-2329.

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

NCPDP reject code 88 (DUR Reject Error) mapped to
EOB code 066 (Clinical Pre-Authorization Required).

Override provisions should be addressed through the Clinical Pre-Authorization process.

Refer to <https://www.lamedicaid.com/provweb1/Pharmacy/rxpa/rxpaindex.htm> for the *Louisiana Uniform Prescription Drug Prior Authorization Form* 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.

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If you have questions about pharmacy claims billing, you may contact the DXC Technology (formerly Molina) pharmacy help desk at (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.

JS/MBW/GJS

c: Healthy Louisiana Plans
 Melwyn B. Wendt
 DXC Technology