



State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: December 22, 2020

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

Tara A. LeBlanc

FROM: Tara A. LeBlanc, Interim Medicaid Executive Director

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Clinical Authorization
for Select Drugs

Effective January 1, 2021, 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 FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare).

Clinical Authorization Requirement

Pharmacy claims for the following select agents will require clinical authorization.

- Grass Pollen Allergen Extract (Oralair[®])
- Peanut Allergen Powder (Palforzia[®])
- Risdiplam (Evrysdi[™])
- Immune Globulin (Human) –See table

Immune Globulin (Human) Agents Requiring Clinical Authorization

Immune Globulins
Asceniv (IV) (Immune Globulin-slra)
Bivigam (IV) (Immune Globulin)
Cutaquig (SQ) (Immune Globulin-hipp)
Cuvitru (SQ) (Immune Globulin)
Cytogam (IV) (Cytomegalovirus Immune Globulin)
Flebogamma DIF (IV) (Immune Globulin)
Gamastan (IM) (Immune Globulin)
Gamastan SD (IM) (Immune Globulin)
Gammagard liquid (IV or SQ) (Immune Globulin)
Gammagard SD (IV) (Immune Globulin)
Gammaked (IV or SQ) (Immune Globulin)
Gammaplex (IV) (Immune Globulin)
Gamunex-C (IV or SQ) (Immune Globulin)
HepaGam (IV) (Hepatitis B Immune Globulin)
Hizentra (SQ) (Immune Globulin)
HyperHEP B SD (IM) (Hepatitis B Immune Globulin)
HyperRAB (IM) (Rabies Immune Globulin)
HyperRAB SD (IM) (Rabies Immune Globulin)
HyperTET SD (IM) (Tetanus Immune Globulin)
HyQvia (SQ) (Immune Globulin Human/Recombinant Human Hyaluronidase)
Kedrab (IM) (Rabies Immune Globulin)
Nabi-HB (IM) (Hepatitis B Immune Globulin)
Octagam (IV) (Immune Globulin)
Panzyga (IV) (Immune Globulin-ifas)
Privigen (IV) (Immune Globulin)
Varizig (IM) (Varicella Zoster Immune Globulin)
Xembify (SQ) (Immune Globulin-klhw)

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

FFS Only: **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB code 066** (Clinical Authorization Required).

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

FFS Only: Override provisions should be addressed through the Clinical Authorization process.

MCO Only: If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

Additional Information:

Cannabidiol (Epidiolex®) will no longer require a clinical authorization.

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.

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	CVS Health	(855) 364-2977
AmeriHealth Caritas	PerformRx	(800) 684-5502
Fee for Service	Gainwell Technologies	(800) 648-0790
Healthy Blue	CVS	(833) 236-6194
Louisiana Healthcare Connections	CVS Caremark	(800) 311-0543
UnitedHealthcare	Optum Rx	(866) 328-3108

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.

TL/MBW/GJS

c: Healthy Louisiana Plans
Melwyn B. Wendt
Gainwell Technologies