



State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: September 30, 2021

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Patrick Gillies, Medicaid Executive Director

A handwritten signature in black ink, appearing to read "P. Gillies".

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Clinical Authorization and Criteria Updates- October 2021

Effective October 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 and criteria updates for select medications. The authorization applies to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

Clinical Authorization Requirement

Pharmacy claims for the following select medications require clinical authorization.

- Elagolix, Estradiol, and Norethindrone Capsule Therapy Pack (Oriahnn[®])
- Evinacumab (Evkeeza[™])
- Ponesimod (Ponvory[™])
- Vericiguat (Verquvo[®])
- Voclosporin (Lupkynis[™])

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

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**. If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

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

Override provisions should be addressed through the Clinical Authorization process.

Clinical Criteria Updates

- Indications for elexacaftor/tezacaftor/ivacaftor and ivacaftor (Trikafta®) [Cystic Fibrosis, oral] lowered the minimum age from 12 years to 6 years.
- A new age requirement will be implemented 10/1/2021 for the following agents: tedizolid (Sivextro®), sofosbuvir/velpatasvir (Epclusa®), and glecaprevir/pibrentasvir (Mavyret®).
- Updated indications for alirocumab (Praluent®) will be implemented 10/1/2021.
- In the therapeutic class Growth Hormone agents, a modified list of approved diagnosis codes will be implemented 10/1/2021.

Additional Information:

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.

PG/MBW/GJS

- c: Healthy Louisiana Plans
Melwyn B. Wendt
Gainwell Technologies