



State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: June 28, 2021

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Tara A. LeBlanc, Interim Medicaid Executive Director *Tara A. LeBlanc*

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Clinical Authorization and Criteria Updates for Select Drugs-July 2021

Effective July 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 updated criteria 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 agents will require clinical authorization.

- Belimumab (Benlysta[®])
- Berotralstat (Orladeyo[™])
- Casimersen (Amondys 45[®])
- Inebilizumab (Uplizna[®])
- Infliximab (Avsola[®])
- Lidocaine Patch Combination Kits
- Mannitol (Bronchitol[®])
- Methotrexate (Reditrex[®])
- Monomethyl fumarate (Bafiertam[®])
- Nitisinone (Nityr[®])
- Ofatumumab (Kesimpta[®])
- Pegfilgrastim-apgf (Nyvepria[®])
- Satralizumab (Enspryng[®])

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

The following agents, medications, and therapeutic classes will have clinical criteria updates.

- Omalizumab (Xolair[®]) clinical criteria will be updated to include an indication for a diagnosis of nasal polyps.
- Elexacaftor/tezacaftor/ivacaftor plus ivacaftor (Trikafta[®]) clinical criteria will be updated to include an indication for a diagnosis of CFTR gene mutations that are responsive to elexacaftor/tezacaftor/ivacaftor plus ivacaftor (Trikafta[®]).
- Tezacaftor/Ivacaftor plus ivacaftor (Symdeko[®]) clinical criteria will no longer include the mutation table.
- Ivacaftor (Kalydeco[®]) clinical criteria will be updated to remove the mutation table and statement “the recipient is not homozygous for the F508del mutation in the CFTR gene.”
- Tasimelteon (Hetlioz[®]) clinical criteria will be updated to include an indication for a diagnosis of Smith-Magenis Syndrome (SMS) with nighttime sleep disturbances.
- Carglumic acid (Carbaglu[®]) clinical criteria will be updated to include an indication for diagnosis of acute hyperammonemia due to propionic acidemia (PA) or methylmalonic acidemia (MMA) with associated dose.
- Adalimumab (Humira[®]) clinical criteria will be updated to reflect a new age limit for Humira[®].
- Riloncept (Arcalyst[®]) clinical criteria will be updated to include indications for a diagnosis of Deficiency of Interleukin-1 Receptor Antagonist (DIRA) and Recurrent Pericarditis.
- Anakinra (Kineret[®]) clinical criteria will be updated to include an indication for diagnosis of Deficiency of Interleukin-1 Receptor Antagonist (DIRA).
- Tocilizumab (Actemra[®]) clinical criteria will be updated to include an indication for diagnosis of Systemic Sclerosis-Associated Interstitial Lung Disease.

The complete clinical criteria can be found on the Preferred Drug List (PDL), at:

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

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.

TL/MBW/GJS

c: Healthy Louisiana Plans
Melwyn B. Wendt
Gainwell Technologies