



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

MEMORANDUM

DATE: June 28, 2018

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Jen Steele, Medicaid Director

SUBJECT: Universal Pharmacy Prior Authorization Form Revision

The Louisiana Department of Health (LDH) Pharmacy Program along with Managed Care Organizations (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare) has issued a revised Pharmacy Prior Authorization Form for Medicaid outpatient retail pharmacy claims. Some specialty drugs will continue to require a specific prior authorization form.

The Healthy Louisiana Pharmacy Prior Authorization Form has been revised (July 2018) to include if "a member is currently inpatient." The current Healthy Louisiana Prior Authorization Form can be located immediately following this document and at the website below:

<http://www.ldh.la.gov/assets/docs/BayouHealth/Pharmacy/PharmacyPriorAuthorizationForm.pdf>.

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.

If you have questions about the contents of this memo, you may contact the Fee for Service (FFS) Pharmacy Help Desk at (800) 437-9101 or refer to www.lamedicaid.com.

JS/MBW/GJS

c: Healthy Louisiana Plans
Melwyn B. Wendt
Molina

Healthy Louisiana Pharmacy Prior Authorization Form

Aetna Better Health of Louisiana
 Phone: 1-855-242-0802 Fax: 1-844-699-2889
www.aetnabetterhealth.com/louisiana/providers/pharmacy

Healthy Blue
 Phone: 1-844-521-6942 Fax: 1-844-864-7865
providers.healthybluel.com

AmeriHealth Caritas Louisiana
 Phone: 1-800-684-5502 Fax: 1-855-452-9131
www.amerihealthcaritasla.com/pharmacy/index.aspx

LA Healthcare Connections
 Phone: 1-888-929-3790 Fax: 1-866-399-0929
www.louisianahealthconnect.com/for-members/pharmacy-services/

Fee-for-Service (FFS) Louisiana Legacy Medicaid
 Phone: 1-866-730-4357 Fax: 1-866-797-2329
www.lamedicaid.com

United Healthcare
 Phone: 1-800-310-6826 Fax: 1-866-940-7328
www.uhccommunityplan.com/health-professionals/la/pharmacy.html

MEMBER INFORMATION

Patient Name: (Last Name)		(First Name)		(MI)
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:	
Address: (Street)		(City)	(State)	(Zip Code)
Phone Number:	Policy ID Number:	Member is Currently Inpatient: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PRESCRIBER INFORMATION

Practice Name:	Specialty:	NPI Number (2):		
Physician Name:	NPI Number (1):	DEA/License Number:		
Address: (Street)		(City)	(State)	(Zip Code)
Phone Number:	Fax Number:			

MEDICATION INFORMATION Expedited Request: Yes No (If yes, explain below)

Drug Name:		Quantity:		
Strength:	Directions:			
Dispense as written: <input type="checkbox"/> Yes <input type="checkbox"/> No	Substitution Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Refills:	
Currently on this medication: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other medications tried to treat this condition:		Dates:	
List other current medications: (<input type="checkbox"/> See attached list)				
Reasons for discontinuation of tried therapies:				
Diagnosis/Indication:			ICD Diagnosis Code:	
Rationale and/or other information relevant to the review of this request (explain reason for expedited request if applicable): (<input type="checkbox"/> Included lab results)				
Drug Allergies:		EPSDT Support Coordinator (optional): (Name/Address)		

PHARMACY INFORMATION

Pharmacy Name:	Phone Number:	Fax Number:
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Physician Signature: _____

Date: _____

Pharmacies are allowed to dispense a 72 hour emergency supply while authorization is pending.