



**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

September 12, 2010

Dear Pharmacy Provider:

RE: PDL # 09-02

Suboxone® (Buprenorphine) and Subutex® (Buprenorphine/Naloxone) Policy  
Synagis® (Palivizumab) Update: 2010-2011 Season  
Billing Decimal Quantities and Multiple Packages

Attached is the complete, most current listing of drugs on the Medicaid Prior Authorization (PA) Process' Preferred Drug List (PDL) "09-02." The listing includes preferred drugs and those drugs requiring prior authorization. **This list will be effective October 1, 2010.**

The PA process, in accordance with the program's "Continuity of Care" policy, does not impact original prescriptions (or refills) issued by a prescribing practitioner prior to effective PA dates of drugs as they are added to the PA process *as long as they are within the 5 refills and 6-month program limits*. An educational alert will notify the pharmacist that prescriptions (and their refills) will require a new prescription and prior authorization, if the prescription life exceeds six months or the refill exceeds the 5 refill limit. The educational alert will state, "NEW RX WILL REQUIRE PA AFTER (DATE)."

Prescriptions indicating emergency situations shall be dispensed in a MINIMUM quantity of a three (3) day supply. Refills for the dispensing of the non-preferred products in these emergency situations are not permitted. The recipient's practitioner must contact the Prior Authorization Unit to request authorization to continue the medication past the emergency supply, and a new prescription must be issued.

This process may be used when the Prior Authorization Unit is closed (Sundays; Monday - Saturday before 8am and after 6 pm) or when the PA system is unavailable. The pharmacist may also use professional judgment in situations that would necessitate an emergency supply.

The prescribing practitioner must indicate that the prescription is an emergency Rx on the face of the prescription if hard copy or if the prescription is called in to the pharmacy, the emergency status of the prescription must be communicated to the pharmacist who must indicate "Emergency Rx" on the hard copy prescription. When the pharmacist determines the prescription is an emergency, the pharmacist must indicate "Emergency by Pharmacist" on the hard copy prescription.

Note: Refer to Appendix D Point of Sale User Guide for detailed claim submission information.

Recipients are exempt from paying co-payments for emergency situations.

DHH will monitor emergency prescriptions/recipients on an ongoing basis through management reports, pharmacy provider audits, and other monitoring programs to review the number of these prescriptions and the reasons for them.

Information on the Prior Authorization process, including the PDL and Prior Authorization Request Form (copy is attached, Form RXPA01), is also available on the Louisiana Medicaid website ([www.lamedicaid.com](http://www.lamedicaid.com)). This website will be updated when changes (additions or deletions) are made to the PDL. The program may also utilize the provider remittance advices to notify providers of PDL changes that must be implemented in short time frames.

The Department has received inquiries that drug products requiring PA are not reimbursable by Medicaid. Medicaid does reimburse for drug products requiring prior authorization when the prior authorization process is followed. Additionally, should a claim deny because a PA is required, you may want to 1) verify that the PA was actually obtained and the dates of service for the PA; 2) verify that the filling date on the claim is subsequent to the start date of the PA. (Remember: PAs are not retroactive); and 3) call the POS help desk at 1-800-648-0790 for further assistance.

**Suboxone® (Buprenorphine) and Subutex® (Buprenorphine/Naloxone) Policy**

Please refer to the Louisiana Medicaid website ([www.lamedicaid.com](http://www.lamedicaid.com)) under Pharmacy & Prescribing Providers link to review the Physician Letter: Suboxone®/Subutex® Criteria for Reimbursement.

**Synagis® (Palivizumab) Update**

Please refer to the Louisiana Medicaid website ([www.lamedicaid.com](http://www.lamedicaid.com)) under Pharmacy & Prescribing Providers link to review updates to the criteria for reimbursement for Synagis® (palivizumab) for the 2010- 2011 Respiratory Syncytial Virus (RSV) Season.

**Billing Decimal Quantities and Multiple Packages**

We would like to remind providers to bill medications using decimal quantities where applicable. In order to receive appropriate reimbursement, effective October 1, 2010, the following list of drugs should be billed with appropriate decimal quantities or in multiples of a specified package size.

| <b>DECIMAL QUANTITY MEASURES - NEW EDIT IMPLEMENTATION</b> |                        |                 |                     |       |                                       |      |       |
|--|------------------------|-----------------|---------------------|-------|---------------------------------------|------|-------|
| <b>NDC</b>   | <b>Drug Name</b>       | <b>Strength</b> | <b>package size</b> |       | <b>Examples of Decimal Quantities</b> |      |       |
| 63402-0711-01  | ALVESCO                | 80MCG           | 6.1                 | grams | 6.1                                   | 12.2 | 18.3  |
| 63402-0712-01  | ALVESCO                | 160MCG          | 6.1                 | grams | 6.1                                   | 12.2 | 18.3  |
| 00173-0682-24  | VENTOLIN HFA           | 90MCG           | 8                   | grams | 8                                     | 16   | 24    |
| 00173-0682-81  | VENTOLIN HFA           | 90MCG           | 8                   | grams | 8                                     | 16   | 24    |
| 00173-0715-20  | ADVAIR HFA             | 45-21MCG        | 12                  | grams | 12                                    | 24   | 36    |
| 00173-0716-20  | ADVAIR HFA             | 115-21MCG       | 12                  | grams | 12                                    | 24   | 36    |
| 00173-0717-20  | ADVAIR HFA             | 230-21MCG       | 12                  | grams | 12                                    | 24   | 36    |
| 00173-0718-20  | FLOVENT HFA            | 44MCG           | 10.6                | grams | 10.6                                  | 21   | 31.8  |
| 00173-0720-20  | FLOVENT HFA            | 220MCG          | 12                  | grams | 12                                    | 24   | 36    |
| 00085-1461-02  | ASMANEX                | 110MCG          | 0.135               | grams | 0.135                                 | 0.27 | 0.405 |
| 10631-0407-01  | PROCTOSOL-HC           | 2.50%           | 28.35               | grams | 28.35                                 | 56.7 | 85.05 |
| 17478-0283-10  | GENTAK                 | 0.03%           | 5                   | mL    | 5                                     | 10   | 15    |
| 00173-3001-01  | FLUTICASONE PROPIONATE | 50 MCG          | 16                  | grams | 16                                    | 32   | 48    |
| 00037-0241-30  | ASTELIN                | 137MCG          | 30                  | mL    | 30                                    | 60   | 90    |
| 00173-0681-01  | RELENZA                | 5MG             | 20                  | mg    | 20                                    | 40   | 60    |
| 63402-0701-01  | OMNARIS                | 50 MCG          | 12.5                | grams | 12.5                                  | 25   | 37.5  |

| <b>DECIMAL QUANTITY MEASURES - NEW EDIT IMPLEMENTATION</b> |                  |                 |                     |    |   |      |       |
|--|------------------|-----------------|---------------------|----|---|------|-------|
| <b>NDC</b>   | <b>Drug Name</b> | <b>Strength</b> | <b>package size</b> |    | <b>Examples of<br/>Decimal Quantities</b> |      |       |
| 66302-0206-01  | TYVASO           | 1.74MG/2.9      | 81.2                | ML | 81.2                                      | 162  | 243.6 |
| 66302-0206-02  | TYVASO           | 1.74MG/2.9      | 81.2                | ML | 81.2                                      | 162  | 243.6 |
| 66302-0206-03  | TYVASO           | 1.74MG/2.9      | 11.6                | ML | 11.6                                      | 23.2 | 34.8  |

Thank you for your continued cooperation. We appreciate your participation in the Medicaid Program.

Sincerely,



Don Gregory  
Medicaid Director

DG/MJT/gbm

Attachments (2)