




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

MEMORANDUM

DATE: October 27, 2015
TO: All Louisiana Medicaid Providers
FROM: 
J. Ruth Kennedy, Medicaid Director
SUBJECT: Clinical Pre-authorization Requirement for Behavioral Health Medications for Fee for Service (FFS) Recipients Less Than 6 Years Old for La. Medicaid Pharmacy Program

Effective November 17, 2015, the Louisiana Medicaid Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (DUR) Board has established clinical pre-authorization criteria for all behavioral health medications for Fee for Service (FFS) recipients less than 6 years old.

Pharmacy claims for behavioral health medications for recipients less than 6 years old will be reimbursed at Point of Sale (POS) when the prescriber has obtained an approved clinical pre-authorization. Prescribers must complete the Behavioral Health Worksheet in full and fax to 866-797-2329. See complete instructions following this document or refer to www.lamedicaid.com.

Pharmacy claims for these medications will deny at POS with:

**NCPDP reject code 88 (DUR Reject Error) mapped to
EOB code 066 (Clinical Pre-Authorization Required)**

Override provisions should be addressed through the Clinical Pre-Authorization process.

Compliance associated with program policy will be verified through our Louisiana Medicaid Pharmacy Compliance Audit Program.

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 Pharmacy Help Desk at (800) 437-9101 or refer to www.lamedicaid.com.

JRK/MBW/ESF

c: Bayou Health Plans
Dr. James Hussey
Dr. Rebekah Gee
Dr. Rochelle Dunham
Melwyn B. Wendt
Molina

Behavioral Health Medication Clinical Pre-Authorization Requirements For Fee-For-Service Medicaid Recipients Younger than 6 Years of Age

All prescriptions for Behavioral Health medications for recipients younger than 6 years of age enrolled in Fee-For-Service Medicaid require clinical pre-authorization. Prescribing providers must complete the Behavioral Medication Therapy Clinical Pre-Authorization Form and fax to LA Medicaid RxPA Operations at the University of Louisiana at Monroe School of Pharmacy at 866-797-2329. Prescribing providers will be notified by fax or mail of the outcomes of clinical pre-authorization requests.

Exceptions:

Clonazepam, Clorazepate, Diazepam and Injectable Lorazepam

The pharmacy claim will bypass the clinical pre-authorization requirement at Point-of-Sale for clonazepam (Klonopin[®]), clorazepate (Tranxene[®]), diazepam (Valium[®]), and injectable lorazepam (injectable Ativan[®]) when one of the following seizure-related diagnosis codes is submitted in NCPDP field 424-DO (Diagnosis Code).

Diagnosis Code	Description
G40*	Epilepsy and Recurrent Seizures
P90	Convulsions in Newborn
R56.1	Post-Traumatic Seizures
R56.9	Convulsions, Other Than Febrile

*Any number or letter or combination of UP TO FOUR numbers and letters of an assigned diagnosis code

Clonidine and Guanfacine

The pharmacy claim will bypass the clinical pre-authorization requirement at Point-of-Sale for clonidine IR (tablet), clonidine (transdermal), and guanfacine IR when one of the following hypertension-related diagnosis codes is submitted in NCPDP field 424-DO (Diagnosis Code).

Diagnosis Code	Description
I10, I11*, I12*, I13*, I15*	Hypertensive Disease
Q20*, Q21*, Q22*, Q23*, Q24*, Q25*, Q26*, Q27*, Q28*	Hypertension in Congenital Heart Disease

*Any number or letter or combination of UP TO FOUR numbers and letters of an assigned diagnosis code

Perphenazine and Prochlorperazine

The pharmacy claim will bypass the clinical pre-authorization requirement at Point-of-Sale for perphenazine and prochlorperazine (Compazine[®]) when one of the following nausea and vomiting diagnosis codes is submitted in NCPDP field 424-DO (Diagnosis Code).

Diagnosis Code	Description
G43.A0, K91.0, R11*	Severe Nausea and/or Vomiting

*Any number or letter or combination of UP TO FOUR numbers and letters of an assigned diagnosis code

Medical Reconsideration

Medical Reconsideration of a denied clinical pre-authorization decision may be requested by the prescribing practitioner. Reconsideration requires completion of the Request for Reconsideration Form available at www.lamedicaid.com. The form must be completed in full and signed by the prescribing practitioner. Signature stamps and proxy signatures are not acceptable. The completed form must be faxed from the prescribing practitioner to the LA Medicaid RxPA Operations at the University of Louisiana at Monroe School of Pharmacy at 318-812-2940.

The list of Behavioral Health medications that require clinical pre-authorization includes, but is not limited to:

Anti-Anxiety Agents

Alprazolam
Buspirone
Chlordiazepoxide
Chlordiazepoxide/Clidinium
Clonazepam
Clorazepate
Diazepam
Lorazepam
Oxazepam

Antidepressants

Amitriptyline
Amitriptyline/Chlordiazepoxide
Amoxapine
Bupropion
Citalopram
Clomipramine
Desipramine
Desvenlafaxine
Doxepin
Duloxetine
Escitalopram
Fluoxetine
Fluvoxamine
Imipramine
Isocarboxazid
Levomilnacipran
Maprotiline
Mirtazapine
Nefazodone
Nortriptyline
Paroxetine
Phenelzine
Protriptyline
Selegiline Patch
Sertraline
Tranlycypromine
Trazodone
Trimipramine
Venlafaxine
Vilazodone

Antipsychotics

Aripiprazole
Asenapine
Brexpiprazole
Chlorpromazine
Clozapine
Fluphenazine
Haloperidol
Iloperidone
Loxapine
Lurasidone
Olanzapine
Olanzapine/Fluoxetine
Paliperidone
Perphenazine
Perphenazine/Amitriptyline
Pimozide
Prochlorperazine
Quetiapine
Risperidone
Thioridazine
Thiothixene
Trifluoperazine
Ziprasidone

Mood Stabilizers

Carbamazepine (Equetro®)
Lithium

Stimulants/Related Agents

Atomoxetine
Clonidine
Dexmethylphenidate
Dextroamphetamine/Amphetamine
Dextroamphetamine
Guanfacine
Lisdexamfetamine
Methylphenidate

FAX OR MAIL this form to:
 LA Medicaid Rx PA Operations
 ULM School of Pharmacy
 1800 Bienville Drive
 Monroe, LA 71201-3765

State of Louisiana
Department of Health and Hospitals
 Bureau of Health Services Financing
 Louisiana Medicaid Prescription Prior Authorization Program
Behavioral Medication Therapy Clinical Pre-Authorization Form

Form: Rx PA17 page 1 of 2
 Issue Date: 12/17/2014
 Revised Date: 10/27/2015
 Voice 866-730-4357
 Fax 866-797-2329

Note: If this request is for a non-preferred medication, a prior authorization request must also be submitted in addition to this worksheet. Provide supporting documentation where applicable. Complete Sections 1A-1D for initial requests. Complete section 2 for continuation requests.

Date of Request		Number of Fax Pages	
Prescribing Provider Information		Recipient Information	
Name (Last, First)		Name (Last, First)	
LA Medicaid Prescribing Provider Number / NPI		LA Medicaid CCN or Recipient Number	
Provider Specialty		Date of Birth (mm/dd/yy)	
Call-Back Phone Number (Include area code)	Recipient Weight (kg) as of (date)	Recipient Height (ft / in) as of (date)	
FAX Number (Include area code)	Medication Allergies		
Office Contact Name	EPSDT Support Coordinator (name/address) <i>(optional)</i>		
Requested Drug Information			
Initiation of Therapy <input type="checkbox"/>		Continuation of Therapy <input type="checkbox"/>	
Drug Name	Drug Strength	Dosage Form	Dosage Interval (Sig)
Diagnosis Code(s) [relevant for this request]		Diagnosis Description(s)	Quantity

Section 1: Initial Requests

Section 1A: Non-pharmacologic Interventions Related to this Diagnosis (Attach additional sheets, if necessary)

Intervention	Duration	Outcome

Section 1B: Previous Medication Therapy for this Diagnosis (Attach additional sheets, if necessary)

Drug / Dosage Form / Strength	Start date / End date	Outcome of Therapy	Reason for Discontinuation
	Start Date		
	End Date		
	Start Date		
	End Date		
	Start Date		
	End Date		

Complete Section for Initial and Continuation Requests

FAX OR MAIL this form to:
 LA Medicaid Rx PA Operations
 ULM School of Pharmacy
 1800 Bienville Drive
 Monroe, LA 71201-3765

State of Louisiana
Department of Health and Hospitals
 Bureau of Health Services Financing
 Louisiana Medicaid Prescription Prior Authorization Program
Behavioral Medication Therapy Clinical Pre-Authorization Form

Form: Rx PA17 page 2 of 2

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 Fax 866-797-2329

Section 1C: Evaluation and Assessment

Please attach documentation of evaluation and assessment conducted by behavioral health specialist. **OR**

Attest that a systematic evaluation and assessment have been performed by initialing each component of the systematic evaluation listed below:

	Detailed history of symptoms (including symptoms from non-custodial caregivers)
	Evidence that social and lifestyle factors which may influence behavior were considered, addressed, and ruled out
	Documentation of in-office observations (and appointment dates) which support reported behaviors/symptoms
	Documentation of behavior which indicates that the patient is aggressive, posing danger to self and/or others, OR which demonstrates extreme behavior

Section 1D: Baseline Clinical Monitoring Parameters [See chart below for required information.]

Date	Lipid Panel	BMI	Heart rate	B/P
	LDL_____ Total cholesterol_____	FBS OR HbA1C	Prolactin	
	HDL_____ Triglycerides_____			

Refer to the therapeutic drug category in the chart below for required clinical monitoring parameters. These parameters are required at baseline, every six months, and with dosage changes.

Required Monitoring Parameters	Alpha-Agonists ¹	Atypical Antipsychotics ²	Mood Stabilizers ³	Stimulants ⁴	Tricyclic Antidepressants ⁵
Blood pressure	✓	✓		✓	
FBS OR HbA1C		✓			
Heart rate	✓			✓	✓
Lipid panel		✓			
Prolactin		✓			
Therapeutic drug monitoring			✓		

¹Alpha-agonists: some examples include clonidine and guanfacine.

²Atypical antipsychotics: some examples include aripiprazole, clozapine, olanzapine, paliperidone, quetiapine, risperidone, and ziprasidone.

³Clinical pre-authorization requirements for mood stabilizers are limited to lithium and Equetro®.

⁴Stimulants: some examples include dexamethylphenidate, dextroamphetamine, amphetamine, methamphetamine, lisdexamfetamine, methylphenidate, and atomoxetine.

⁵Tricyclic antidepressants: some examples include maprotiline, amitriptyline, clomipramine, desipramine, imipramine, nortriptyline, protriptyline, trimipramine maleate, doxepin, and amitriptyline/chlordiazepoxide.

Section 2: Continuation Requests [See chart above for required information.]

Date	Lipid Panel	BMI	Heart Rate	B/P
	LDL_____ Total cholesterol_____	FBS OR HbA1C	Prolactin	
	HDL_____ Triglycerides_____			
Date	Results of therapeutic drug monitoring (if applicable)			
Date	Outcome of drug treatment			

Physician Signature:* _____
 (*Signature stamps and proxy signatures are not acceptable.)

Date: _____

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