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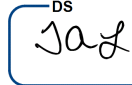
Dr. Courtney N. Phillips
SECRETARY

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

MEMORANDUM

DATE: March 22, 2023

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Tara A. LeBlanc, Medicaid Executive Director 

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Clinical Authorization and Updates- April 2023

Effective April 1, 2023, 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 updates for select medications. The authorization applies to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

Clinical Authorization Requirement

Pharmacy claims for the following select medications require clinical authorization.

- Betibeglogene Autotemcel (Zynteglo®)
- Deucravacitinib (Sotyktu™)
- Eflapegrastim-xnst (Rolvedon™)
- Elivaldogene Autotemcel (Skysona®)
- Etranacogene Dezaparvovec-drlb (Hemgenix®)
- Lumasiran (Oxlumo®)
- Maralixibat (Livmarli®)
- Mavacamten (Camzyos™)
- Odevixibat (Bylvay®)
- Oteseconazole (Vivjoa™)
- Pegfilgrastim-pbbk (Fylnetra®)
- Sirolimus (Hyftor™)
- Spesolimab-sbzo (Spevigo®)

FFS and MCO Clinical Authorization and Updates -April 2023

March 22, 2023

Page 2

Clinical Authorization for Behavioral Health Medication for Recipients Younger than 7 Years Old (Addition of Two Medications to Current List)

Pharmacy claims for the following Behavioral Health medications require a clinical authorization for recipients younger than 7 years old:

- Dextroamphetamine (Xelstry™)
- Dextromethorphan/bupropion (Auvelity™)

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 and Point of Sale Updates

- Antipsychotic Agents – Revise select quantity limits to reflect the removal of rolling days
 - Paliperidone (Invega Trinza®) – Revise quantity limit from 1 unit per rolling 90 days to 1 unit per 84 days
 - Risperidone (Perseris®) – Revise quantity limit from 1 unit per rolling 28 days to 1 unit per 28 days
- Colony Stimulating Factors
 - Pegfilgrastim-cbqv (Udenyca®) – update clinical criteria to reflect new indication for treatment of hematopoietic subsyndrome of acute radiation syndrome.
- Cytokine and CAM Antagonists
 - Upadacitinib (Rinvoq®) – update clinical criteria to reflect new indication for treatment of non-radiographic axial spondyloarthritis.
- Immunomodulators, Atopic Dermatitis
 - Dupilumab (Dupixent®) – update clinical criteria to reflect new indication for treatment of prurigo nodularis (PN).
- Pain Management – Antimigraine Agents – Calcitonin Gene-Related Peptide (CGRP) Antagonists
 - Rimegepant (Nurtec® ODT) – update clinical criteria to reflect a revision of prior use requirements for preventive treatment of episodic migraines.
- Remove submission requirement of XDEA at POS for medications used to treat opioid use disorders (OUD)

FFS and MCO Clinical Authorization and Updates -April 2023

March 22, 2023

Page 3

- Sapropterin Dihydrochloride – Revise current clinical authorization criteria to include the brand Javygtor ®

Additional Information:

FFS Only: Most pharmacy claim denials can be overridden in emergency situations at Point of Sale. If it is necessary to override the claim, “03” can be entered in **NCPDP field 418-DI** (Level of Service). Refer to www.lamedicaid.com for the POS User Guide and override procedures.

MCO Only: If an override is required, or additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

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
Humana Healthy Horizons	Gainwell Technologies	(800) 648-0790
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