



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

MEMORANDUM

DATE: December 21, 2023

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Kimberly Sullivan, Interim Medicaid Executive Director *KCS*

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Clinical Authorization and Updates- January 2024

Effective January 1, 2024, 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 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 agents require clinical authorization.

- Adalimumab-adbm (Cyltezo®)
- Adalimumab-bwvd (Hadlima™)
- Adalimumab-fkjp (Hulio®)
- Adalimumab-adaz (Hyrimoz®)
- Adalimumab-aacf (Idacio®)
- Adalimumab-aaty (Yuflyma®)
- Adalimumab-aqvh (Yusimry™)
- Beremagene geperpavec-svdt (Vyjuvek™)
- Delandistrogene moxeparvovec-rokl (Elevidys®)
- House dust mite allergen extract (Odactra®)
- Omaveloxolone (Skyclarys™)
- Ritlecitinib (Litfulo™)
- Short ragweed pollen allergen (Ragwitek®)
- Sodium Phenylbutyrate (Olpruva™)
- Somatrogon-ghla (Ngenla™)
- Timothy grass pollen allergen (Grastek®)
- Trientine tetrahydrochloride (Cuvrior™)

- Valoctocogene roxaparvovec-rvox (Roctavian™)
- Zavegepant (Zavzpret™)

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 75** (PA Required).

FFS Only: **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB code 066** (Clinical Authorization Required).

FFS override provisions should be addressed through the Clinical Authorization process.

Clinical Criteria and Point of Sale Updates

- Adalimumab-atto (Amjevita™) – Revised clinical criteria to include new indication of uveitis.
- Cytokines & CAM Antagonists – Revised clinical criteria to reflect the removal of the requirement for previous use of conventional treatment or oral DMARD for Crohn’s disease, hidradenitis suppurativa, psoriatic arthritis, and ulcerative colitis.
- Inclisiran (Leqvio®) – Revised clinical criteria to reflect indication of primary hyperlipidemia (including heterozygous familial hypercholesterolemia [HeFH])
- Odevixibat (Bylvay™) – Revised clinical criteria to include new indication of Alagille syndrome.
- Palivizumab (Synagis®) – Revised existing clinical criteria to add Beyfortus® (Implemented 10/1/23); modification that adds Abrysvo® statement (Implemented 10/28/23).
- Proton Pump Inhibitors – Include tracheo-esophageal fistula following tracheostomy (J95.04) as an additional diagnosis code exempt from the Point of Sale duration of therapy limit.
- Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Pharmacy claims for celecoxib will pay if the following apply:
 - Age Edit- Recipient must be 60 years of age or older on the date of service; **OR**
 - Active prescription(s) on file for any **ONE** of the following medications:
 - H2 antagonists
 - Proton pump inhibitors
 - Oral or injectable anticoagulants
 - Oral steroid (at least a 30-day supply indicating chronic use)

Pharmacy claims submitted for celecoxib not meeting the above-mentioned criteria will deny with the following:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code 75** (PA Required).

FFS Only: **NCPDP rejection code 88** (DUR Reject Error)
mapped to **EOB code 531** (Drug Use Not Warranted).

FFS Override: After consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) – **NN** (Unnecessary Drug)

NCPDP 440-E5 field (Professional Service Code) – **MØ** (Prescriber Consulted)

NCPDP 441-E6 field (Result of Service Code) – **1G** (Filled with Prescriber Approval)

Additional Information:

FFS and MCO: 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.

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, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, UnitedHealthcare	Magellan	(800) 424-1664
Fee for Service	Gainwell Technologies	(800) 648-0790

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.

KS/MBW/GJS

c: Healthy Louisiana Plans
 Melwyn B. Wendt
 Gainwell Technologies
 Magellan