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State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

M E M O R A N D U M

DATE: June 27, 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- July 2003

Effective July 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.
- Adalimumab-atto (Amjevita™)
- Ibrexafungerp (Brexafemme®)
- Pegfilgrastim-fpgk (Stimufend®)
- Ublituximab-xiiy (Briumvi™)

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.

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Clinical Criteria and Point of Sale Updates

- Cytokines
    - Sarilumab (Kevzara®) – update clinical criteria to reflect new treatment indication for Polymyalgia Rheumatica (PMR).
- Hereditary Angioedema
    - Lanadelumab-flyo (Takhzyro®) – update clinical criteria to reflect expanded indication to prevent attacks of hereditary angioedema (HAE) in adult and pediatric patients 2 years and older.
- Lipotropics, Other
    - Alirocumab (Praluent®), Evinacumab-dgnb (Evkeeza®), Evolocumab (Repatha®), Inclisiran (Leqvio®), and Lomitapide (Juxtapid®) – modified statin previous use requirement.
- Multiple Sclerosis Agents – removed clinical authorization requirement from preferred products.
- Potassium Binders
    - Sodium zirconium cyclosilicate (Lokelma®) – removed clinical authorization requirement.

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