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Louisiana Department of Health
Bureau of Health Services Financing

M E M O R A N D U M

DATE: June 27, 2022

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Tara A. LeBlanc, Medicaid Executive Director DS

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Clinical Authorization and Updates for Select Medications- July 2022

Effective July 1, 2022, 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, Louisiana Healthcare Connections, and UnitedHealthcare).

Clinical Authorization Requirement

Pharmacy claims for the following select medications require clinical authorization.

- Inclisiran (Leqvio®)
- Tezepelumab-ekko (Tezspire™)
- Tralokinumab-ldrm (Adbry™)
- Tramadol-Containing Products
- Vosoritide (Voxzogo™)

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.

Point of Sale Clinical Authorization Requirement for Tramadol-Containing Products (Recipients 12-17 years of age)

Pharmacy claims for tramadol-containing products that are submitted for recipients 12-17 years of age without an approved clinical authorization will deny with:

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

Point of Sale Edits and Clinical Updates

- Acne Agents, Topical
  - The clinical PA requirement has been removed for preferred agents. The criteria requirements have been updated to include severity grade 2.
- Agents for the treatment of Duchenne muscular dystrophy (DMD)
  - The clinical criteria for eteplirsen (Exondys 51®), viltolarsen (Viltepso®), and golodirsen (Vyondys 53®) includes updates to remove the age requirement.
- Antipsychotic – Oral/Transdermal Agents
  - The ICD-10-CM diagnosis codes for lumateperone (Caplyta™) have been updated to include a new indication of bipolar depression (F30*, F31*, F32.8*, F34.8*, F34.9, F39).
  - The listing for brexpiprazole (Rexulti®) has been updated to include a new maximum daily dose (4mg/day) for ages 13-15 years old. Override procedures to exceed this maximum dose have not changed for these ages, only the maximum dose changed (from 0mg to 4mg/day).
- Cytokines
  - The clinical criteria for secukinumab (Cosentyx®) have been updated to include a new indication for treatment of psoriatic arthritis in individuals 2 years of age and older as well as new indication for treatment of enthesitis-related arthritis for individuals 4 years of age or older.
  - The clinical criteria for etanercept (Enbrel®) and adalimumab (Humira®) have been updated to reflect diagnosis specific quantity limits.
  - The clinical criteria for apremilast (Otezla®) have been modified to include all adults with plaque psoriasis regardless of the severity level.
  - The clinical criteria for upadacitinib (Rinvoq®) have been updated to include a new indication of atopic dermatitis.
  - The clinical criteria for risankizumab-rzaa (Skyrizi®) have been updated to include a new indication for treatment of active psoriatic arthritis in adults.

- Concurrent Use of Opioid and Benzodiazepine Edit Update
  - This includes a revision to the list of opioids in this edit to exclude opioid dependence agents. Incoming claims for opioid dependence agents should not deny when there is an active claim for a benzodiazepine on file.
  - The current edit will continue to apply for incoming claims for a benzodiazepine when there is an active claim for an opioid dependence agent or opioids on file.

    Pharmacy claims for an opioid (excluding opioid dependence agents) will deny if there is an active claim on the recipient's file for a benzodiazepine. Pharmacy claims for a benzodiazepine will deny if there is an active claim on the recipient's file for an opioid or an opioid dependence agent. Pharmacy claims for these medications will deny at Point of Sale (POS) with:

    FFS Only: **NCPDP rejection code 88** (DUR Reject Error) **mapped to EOB 423** (Additive Toxicity)**.**

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

    FFS Only: **NCPDP 439-E4 field** (Reason for Service Code) **AT** (Additive Toxicity)
    NCPDP 440-E5 field (Professional Service Code) **M0** (Prescriber Consulted)
    NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

- Nuedexta® (dextromethorphan hydrobromide/quinidine sulfate)
  - This includes a clinical criteria update to expand the prescriber specialty to include psychiatrist and medical psychologist.
- Opioid Analgesics (FFS Only)
  - The POS override option for current maximum daily dose edit for tramadol-containing products has been removed.
- Sickle Cell Anemia Treatments
  - The updates for voxelotor (Oxbryta®) include the removal of the quantity limit at Point of Sale and modification of the age requirement in clinical criteria to reflect 4 years of age or older.

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 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
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
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