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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: September 29, 2022

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 for Select Medications- October 2022

Effective October 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.

- Abrocitinib (Cibinqo™)
- Alpelisib (Vijoice®)
- Clascoterone (Winlevi®)*
- Filgrastim-ayow (Releuko®)
- Repository corticotropin injection (Cortrophin ™)
- Tretinoin/Benzoyl Peroxide (Twyneo®)

**POS Clinical Authorization requirement applies only to acne agents that are non-preferred on the PDL. Preferred acne agents do not require a POS clinical authorization.*

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**.

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 Edits and Clinical Updates

- Antipsychotic agents
  - Lumateperone (Caplyta®) has updated diagnosis codes to include the following for bipolar depression: (F30*, F31*, F32.8*, F34.8*, F34.9, F39). (*Implemented 7/1/2022)*
- Baricitinib (Olumiant®) has updated clinical criteria to reflect a new indication for the treatment of coronavirus disease 2019 (COVID-19) in hospitalized adults.
- Buprenorphine extended-release injection (Sublocade®) has updated POS quantity limit of 1 unit/26 days. *(Implemented 6/2/2022)*
- For cytokines and CAM antagonists, the attestations were removed regarding active infections and testing for Hepatitis B and TB.
- Dupilumab (Dupixent®) has updated clinical criteria to reflect new indication for treatment of eosinophilic esophagitis and expanded the age indication of atopic dermatitis to include patients 6 months of age and older.
- Palivizumab (Synagis®) has updated criteria to increase the number of allowed doses to accommodate dosing outside the usual RSV season. (*Implemented 7/1/2022)*
- Risdiplam (Evrysdi®) has updated clinical criteria to expand the patient treatment population.
- Risankizumab-rzaa (Skyrizi®) has updated clinical criteria to reflect new indication for treatment of Crohn's disease.
- Upadacitinib (Rinvoq®) has updated clinical criteria to reflect new indication for treatment of moderate to severe ulcerative colitis and active ankylosing spondylitis.
- Acne agents have a therapeutic class update to include the addition of clascoterone (Winlevi®) and Tretinoin/Benzoyl Peroxide (Twyneo®) with an age requirement of < 21 years old.
- The following clinical requirements were removed.
  - The diagnosis code requirement for cabotegravir (Apretude™) was removed to align with other HIV PrEP agents that do not require a diagnosis code at POS. Exemption of the diagnosis requirement will apply to all drugs that are indicated for HIV PrEP (includes existing and future agents).
  - The duration of therapy edit for H2 antagonists and sucralfate (Carafate®) was removed. [FFS only]
  - The prior use of metformin edit for SGLT2 inhibitors and incretin mimetics (excluding Trijardy XR®) was removed as well as the associated diagnosis codes used to bypass the prior use edit.

The bypass diagnosis codes removed are heart failure (I50*) and chronic kidney disease (N18*).
** any number or letter or combination of up to four numbers and letters of an assigned ICD-10 diagnosis code*

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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