



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

MEMORANDUM

DATE: April 1, 2024

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Kimberly Sullivan, Medicaid Executive Director *KCS*

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Clinical Authorization
And Updates- April 2024

Effective April 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 Gainwell for FFS and to Magellan for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

Point of Sale Clinical Authorization Requirement

Pharmacy claims for the following select agents require clinical authorization.

- Adalimumab-afzb (Abrilada™)
- Bimekizumab-bkzx (Bimzelx®)
- Etrasimod (Velsipity™)
- Mirikizumab-mrkz (Omvoh™)
- Zuranolone (Zurzuvae™)

Pharmacy claims submitted without an approved clinical authorization will deny at Point of Sale (POS) with:

Denial from Gainwell (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.

Denial from Magellan (MCO Only): **NCPDP rejection code 75** (Prior Authorization Required) with additional message: Clinical Authorization required. Please call 1-800-424-1664.

Point of Sale Behavioral Health Authorization Requirement for Risperidone IM Injection (Rykindo®)

Pharmacy claims submitted for the risperidone IM injection (Rykindo®) will require a behavioral health clinical authorization for recipients younger than 7 years old. Pharmacy claims for recipients less than 7 years of age should deny with:

Denial from Gainwell (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.

Denial from Magellan (MCO Only): NCPDP rejection code 75 (Prior Authorization Required) with additional message: Clinical Pre-authorization required for Age <7. Please have MD fax PA form to 1-800-424-1664.

Clinical Criteria and Point of Sale Updates

- Cytokines & CAM Antagonists – revised clinical criteria to reflect the new indication of hidradenitis suppurativa and uveitis for adalimumab-aacf (Idacio®), expanded age indication of psoriatic arthritis for etanercept (Enbrel®) and abatacept (Orencia®), added indication of gout flares for canakinumab (Ilaris®), and the indication of hidradenitis suppurativa for secukinumab (Cosentyx®)
- Growth Factors – revised clinical criteria to reflect the removal of the age requirement and added accelerated approval statement for vosoritide (Voxzogo™)
- Movement Disorders – revised clinical criteria to reflect the new indication chorea associated with Huntington’s disease for valbenazine (Ingrezza®)
- Opiate Dependence Agents – clarification of edit regarding concurrent use of opiate dependence agents, benzodiazepines, and opioid pain medications. The edit denies incoming claims for opioid pain medications or benzodiazepines if the recipient has an active opiate dependence agent on file (and not vice versa) [Implemented 1/1/24]
- Spinal Muscular Atrophy Agents – removed age requirement at initiation of treatment for nusinersen (Spinraza®)

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.

FFS pharmacy claims should be submitted to Gainwell Technologies. MCO pharmacy claims should be submitted to Magellan.

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

