



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

MEMORANDUM

DATE: May 14, 2024

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Kimberly Sullivan, Medicaid Executive Director *KLS*

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Clinical Authorization
And Updates – July 2024

Effective July 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.

- Birch triterpenes (Filsuvez®)
- Exagamglogene autotemcel (Casgevy™)*
- Infliximab-dyyb (Zymfentra™)
- Lovotibeglogene autotemcel (Lyfgenia™)*
- Nedosiran (Rivfloza™)
- Vamorolone (Agamree®)
- Vonoprazan (Voquezna®)

*These agents are covered as a medical benefit only for MCOs and require clinical authorization for FFS pharmacy claims submitted to Gainwell.

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.

Clinical Criteria and Point of Sale Updates

- Alzheimer's Agents – Revised clinical criteria to reflect the expansion of prescriber type requirement for lecanemab-irmb (Leqembi®).
- Asthma/COPD – Immunomodulators – Revised clinical criteria to reflect the new indication of IgE-mediated food allergy for omalizumab SC Injection (Xolair®).
- Atopic Dermatitis Immunomodulators – Revised clinical criteria to reflect the updated age for treating atopic dermatitis for tralokinumab-ldrm (Adbry®) and updated age and weight for treating eosinophilic esophagitis for dupilumab SC injection (Dupixent®).
- Continuous Glucose-Monitoring (CGM) Devices – Revised clinical criteria to reflect that the recipient has a diagnosis of diabetes (any type) with evidence of at least **ONE** pharmacy claim for insulin within the previous 180-day period. Pharmacy claims for a **preferred** device will bypass the clinical authorization requirement if there is evidence of at least **ONE** pharmacy claim for insulin within the previous 180-day period.
- Cytokine and CAM Antagonists – Revised clinical criteria to reflect the new indication of uveitis for adalimumab-aaty (Yuflyma®) and adalimumab-aqvh (Yusimry™). Revised clinical criteria to reflect the removal of the BSA requirement for apremilast (Otezla®), and modified the quantity limit criteria for select adalimumab products to reflect new dosage forms.

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