

Louisiana Department of Health Bureau of Health Services Financing

### MEMORANDUM

**DATE:** December 22, 2021

**TO:** All Louisiana Medicaid Prescribing Providers and Pharmacists

**FROM:** Patrick Gillies, Medicaid Executive Director

**SUBJECT:** Louisiana Medicaid Pharmacy Point of Sale Clinical Authorization

and Criteria Updates- January 2022

Effective January 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 criteria 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.

- Anifrolumab-fnia (Saphnelo®)
- Finerenone (Kerendia®)
- Fosdenopterin (Nulibry®)
- Relugolix, estradiol, norethindrone (Myfembree®)

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.

# **Clinical Criteria Updates**

- <u>Anti-Allergen:</u> Grass pollen allergen extract, 5 grass (Oralair®) has an updated new age requirement of 5 years of age but not older than 65 years of age on the date of service.
- Antimigraine Agents (CGRP): Rimegepant (Nurtec® ODT) has updated criteria to reflect a new indication of preventive treatment of episodic migraines. The prescriber specialty requirement was also removed.
- <u>Asthma/COPD (Immunomodulators)</u>: Mepolizumab (Nucala®) has updated criteria to add a new indication of chronic rhinosinusitis with nasal polyps.
- Cytokines: Secukinumab (Cosentyx®) has an updated new age requirement of 6 years of age or older for the treatment of plaque psoriasis.
- <u>Dermatology Atopic Dermatitis Immunomodulators:</u> Dupilumab (Dupixent®) has updated criteria, including an update to indicated age for asthma and modified other parameters.
- <u>Heart Disease Hyperlipidemia Lipotropics (Other):</u> The quantity limits were removed from clinical criteria and placed at Point of Sale.
- <u>Multiple Sclerosis Agents:</u> Ozanimod (Zeposia®) has updated criteria to reflect a new indication of ulcerative colitis.
- <u>Calcium, Magnesium, Potassium and Sodium Oxybates:</u> Oxybate salts (Xywav®) has updated criteria to reflect a new indication of idiopathic hypersomnia (IH).
- Clarification of risk factors warranting Orlistat (Xenical®) usage: For POS diagnosis code(s) for varicose veins of lower extremities, without mention of ulcer and inflammation, an asterisk (\*) will be added to diagnosis code I83.9 (making it I83.9\*) to allow all diagnosis codes that begin with I83.9.

  Note: \* can be any number or letter or combination of up to four numbers and letters for the 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 <a href="https://www.lamedicaid.com">www.lamedicaid.com</a> 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 <a href="http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf">http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf</a> 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.

## PG/MB/MBW/GJS

c: Healthy Louisiana Plans Melwyn B. Wendt Gainwell Technologies