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State of Louisiana


Louisiana Department of Health

Bureau of Health Services Financing

MEMORANDUM

DATE: December 16, 2022

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Tara A. LeBlanc, Medicaid Executive Director 

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Edits and Clinical Updates for Select Medications- January 2023

Effective January 1, 2023, 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 Point of Sale (POS) edits and clinical updates for select medications. The authorization applies to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

Point of Sale Edits and Clinical Updates

- Antidepressants
 - Brexanolone (Zulresso®) – updated clinical criteria to reflect new age limit of 15 years of age or older.
- Cystic Fibrosis
 - Lumacaftor/ivacaftor (Orkambi®) – updated clinical criteria to reflect new age limit of 1 year of age or older.
- Cytokine and CAM Antagonists
 - Baricitinib (Olmiant®) – updated clinical criteria to reflect a new indication for alopecia areata.
 - Ustekinumab (Stelara®) – updated clinical criteria to reflect new age limit of 6 years of age or older for treatment of psoriatic arthritis.
- Immunomodulators, Lupus
 - Belimumab (Benlysta®) – updated clinical criteria to reflect new age limit of 5 years of age or older for treatment of lupus nephritis.
- Multiple Sclerosis Agents
 - Multiple sclerosis agents – updated clinical criteria to include specific criteria for fingolimod (Tascenso ODT™).
 - Fingolimod (Gilenya®) – updated clinical criteria to include an age limit.

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- Risdiplam (Evrysdi®) – updated clinical criteria to revise the specificity of the motor function testing requirements.
- Urea Cycle Disorder Agents – updated clinical criteria to include sodium phenylbutyrate (Pheburane®).
- Uterine Disorder Treatments
 - Relugolix, estradiol, norethindrone acetate (Myfembree®) – updated clinical criteria to reflect a new indication for endometriosis.
- Ranolazine (Ranexa®) – updated clinical criteria to include ranolazine (Aspruzyo Sprinkle™).

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
Humana Healthy Horizons	Gainwell Technologies	(800) 648-0790
Louisiana Healthcare Connections	CVS Caremark	(800) 311-0543
UnitedHealthcare	Optum Rx	(866) 328-3108

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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
 Gainwell Technologies