



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

MEMORANDUM

DATE: December 6, 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 – January 2025

Effective January 1, 2025, 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 Technologies for FFS and to Prime Therapeutics, LLC 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.

- Donanemab-azbt (Kisunla™)
- Immune globulin intravenous, human-stwk (Alyglo™)
- Mavorixafor (Xolremdi™)

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

Denial from Gainwell Technologies (FFS Only): **NCPDP rejection code 75** (Prior Authorization Required) mapped to **EOB code 066** (Clinical Authorization Required).

FFS override provisions should be addressed through the Clinical Authorization process.

Denial from Prime Therapeutics, LLC (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

- Cytokine and CAM Antagonists – Revised clinical criteria to reflect the new indication of polyarticular juvenile idiopathic arthritis for Kevzara® and Rinvoq® as well as a new indication of ulcerative colitis for Skyrizi®. Criteria has been modified to include an expanded age indication of 2 years of age or older for the treatment of psoriatic arthritis for Rinvoq®/Rinvoq® LQ. Criteria has also been modified to include a liquid Rinvoq® formulation, Rinvoq® LQ, with its associated indications.
- Delandistrogene Moxeparvovec-rokl (Elevidys™) – Revised clinical criteria to reflect the expanded age indication of 4 years and older and the removal of the ambulatory requirement.
- Digestive Disorders – Bile Acid Salts – Maralixibat (Livmarli®) – Revised clinical criteria to reflect the age reduction to at least 12 months for the treatment of diagnosis of pruritus associated with progressive familial intrahepatic cholestasis (PFIC).
- GI Motility Agents – Revised current prior authorization criteria to require a trial and failure of two preferred agents for requests submitted for a non-preferred agent.
- *H. pylori* Treatment – Vonoprazan (Voquezna®) – Revised clinical criteria to reflect new indication of non-erosive gastroesophageal reflux disease (GERD).
- Hypoglycemics (DPP-4 Inhibitors & GLP-1 Receptor Agonists [including Wegovy®]) – Removed POS override options and implemented prior authorization override requirement for maximum dose and quantity limit (GLP-1 receptor agonists) and therapeutic duplication (DPP-4 Inhibitors & GLP-1 receptor agonists). (*Implemented 10/1/2024*)
- Hypoglycemics (Insulin, SGLT2 Inhibitors, Meglitinides, Sulfonylureas) – Revised current prior authorization criteria to require a trial and failure of two preferred agents for requests submitted for a non-preferred agent.
- Incretin Mimetic Agents – Revised current approval criteria to require a clinical prior authorization for both preferred and non-preferred GLP-1 receptor agonists. (*implemented 11/15/2024*)
- Omaveloxolone (Skyclarys™) – Revised clinical criteria to reflect clarification of criterion referring to ambulatory function.
- Resmetirom (Rezdiffra™) – Revised clinical criteria to include non-invasive testing to confirm diagnosis of nonalcoholic steatohepatitis (NASH).
- Semaglutide (Wegovy®) – Revised clinical authorization criteria. (*Implemented 10/1/2024*).
- Stimulants and Related Agents – Revised Point of Sale Age Limit for pitolisant (Wakix®) to reflect expanded age for use in recipients who are at least 6 years of age. Modified prior authorization (PA) criteria to remove reference to age, as age is verified at Point of Sale.

Incoming pharmacy claims for pitolisant (Wakix®) will deny when the recipient is less than six (6) years of age on the date of service with:

Denial from Gainwell Technologies (FFS Only): NCPDP reject code 60
(Product/Service Not Covered for Patient Age) mapped to **EOB code 234** (P/F Age Restriction).

Denial from Prime Therapeutics, LLC (MCO Only): NCPDP reject code 60
(Product/Service Not Covered for Patient Age) mapped to internal error code 2193.

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 <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 Prime Therapeutics, LLC.

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	Prime Therapeutics, LLC	(800) 424-1664
Fee for Service	Gainwell Technologies	(800) 648-0790

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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.

KS/MBW/GJS

c: Healthy Louisiana Plans
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 Gainwell Technologies
 Prime Therapeutics, LLC