



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

MEMORANDUM

DATE: September 18, 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 – October 2024

Effective October 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-ryvk (Simlandi®)
- Atidarsagene autotemcel (Lenmeldy™)
- Fidanacogene Elaparvovec-dzkt (Beqvez™)
- Resmetirom (Rezdiffra™)
- Tocilizumab-aazg (Tyenne®)
- Tocilizumab-bavi (Tofidence™)

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

Denial from Gainwell (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 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 removal of criterion regarding blood thinners for lecanemab-irmb (Leqembi®). *(Implemented July 1, 2024)*
- Asthma/COPD – Immunomodulators – Revised clinical criteria to include expanded age of 6 years or older for benralizumab (Fasenra®) and updated asthma-related criteria for all agents in this therapeutic class to reflect most recent asthma guidelines.
- Bile Acid Salts – Revised clinical criteria to reflect the new indication of pruritus due to progressive familial intrahepatic cholestasis (PFIC) for maralixibat (Livmarli®).
- Colony Stimulating Factors – Revised clinical criteria to reflect the new indication of Hematopoietic Subsyndrome of Acute Radiation Syndrome for pegfilgrastim-fpgk (Stimufend®) and pegfilgrastim-bmez (Ziextenzo®).
- COVID-19 Agents – Revised current programming to include POS age edit for the newest agent, pemivibart (Pemgarda). *(Implemented July 1, 2024)*
- Cytokine and CAM Antagonists – Revised clinical criteria to reflect expanded age and differentiated the criteria based on dosage forms for treating Generalized Pustular Psoriasis (GPP) for spesolimab-sbzo (Spevigo®). Also, expanded age for treating plaque psoriasis for apremilast (Otezla®).
- Heart Disease – Hyperlipidemia – Lipotropics (Other) – Revised clinical criteria to reflect the updated age for treating heterozygous familial hypercholesterolemia (HeFH) for alirocumab (Praluent®).
- GLP-1 Agonists – Semaglutide (Wegovy ®) – Revised clinical criteria.

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