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State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

M E M O R A N D U M

DATE: February 24, 2025

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 – March 2025

Effective March 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).

1.) **Point of Sale Clinical Authorization Requirement**
Pharmacy claims for the following select agents require clinical authorization.

- Arimoclomol (Miplyffa™)
- Colchicine (Lodoco®)
- Givinostat (Duvyzat™)
- Lebrikizumab-lbkz (Ebglyss™)
- Levacetylleucine (Aqneursa™)
- Nemolizumab-ilto (Nemluvio®)
- Ocrelizumab and Hyaluronidase-ocsq (Ocrevus Zunovo™)

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.

2.) Point of Sale Behavioral Health Clinical Authorization Requirement

Pharmacy claims for the following agents require a behavioral health clinical authorization for recipients younger than 7 years old.

- Clonidine ER Oral Suspension (Onyda™ XR)
- Paliperidone Palmitate (Erzofri™)
- Xanomeline Tartrate/Trospium Chloride (Cobenfy™)

Pharmacy claims for recipients less than 7 years of age without an approved behavioral health clinical authorization will deny 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

- Antidepressant, Other – Brexanolone (Zulresso®), Zuranolone (Zurzuvae™) – Revised current clinical criteria to list specific conditions concerning 'active psychosis' and 'history of other mental disorders. (Implemented 1/1/2025)
- Asthma/COPD – Benralizumab (Fasenra®) – Revised clinical criteria to include new indication of diagnosis of eosinophilic granulomatosis with polyangiitis.
- Colony Stimulating Factors – Filgrastim-sndz (Zarxio®) – Revised clinical criteria to reflect new indication of Hematopoietic Subsyndrome of Acute Radiation Syndrome.
- Cytokine and CAM Antagonists – Revised clinical criteria to reflect the new indication of ulcerative colitis for Guselkumab (Tremfya®). Criteria has been modified to include an expanded indication of polyarticular juvenile idiopathic arthritis for Certolizumab Pegol (Cimzia®). Criteria has also been modified to include new indications of psoriatic arthritis and ankylosing spondylitis (including

non-radiographic axial spondyloarthritis) and Hidradenitis Suppurativa for Bimekizumab-bkzx (Bimzelx®).

- Dermatology (Atopic Dermatitis Immunomodulators) Dupilumab (Dupixent®) – Revised clinical criteria to include new indication of Chronic Obstructive Pulmonary Disease (COPD) with an Eosinophilic Phenotype.
- Epinephrine, Nasal Spray- Epinephrine (Neffy®) – Revised Point of Sale document to reflect new nasal spray formulation and modify quantity limit for dosage form allowing a quantity of 8 doses (4 boxes of 2 devices) per 365-days.
- Golodirsen (Vyondys 53®) – Revised clinical criteria to reflect to require prior use of Viltepso®.
- Opiate Dependence Agents – Modification of Point of Sale Therapeutic Duplication Edit to reflect the following:
    - Incoming prescriptions for oral buprenorphine-containing agents will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for any oral buprenorphine-containing agent.
    - Incoming prescriptions for injectable buprenorphine-containing agents will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for any injectable buprenorphine-containing agent.
- Pain Management, Short and Long-acting Narcotic Analgesics – Revised clinical criteria to reflect the following language:
  The prescriber states on the request that the Prescription Drug Monitoring Program (PDMP) has been reviewed prior to prescribing the requested opioid medication; **AND**
  ONE of the following: (must be stated on the request)
    - The recipient has had a treatment failure with a non-opioid medication; **OR**
    - There is clinical justification why a non-opioid medication cannot be used.
- Spinal Muscular Atrophy – Onasemnogene abeparvovec (Zolgensma®) – Modified with its movement to preferred status.

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

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

cc: Gainwell Technologies
Healthy Louisiana Plans
Kolynda Parker
Melwyn B. Wendt
Prime Therapeutics, LLC