




State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: July 24, 2020

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Ruth Johnson, Medicaid Executive Director 

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Clinical Authorization for Select Drugs

Effective August 3, 2020, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will implement clinical authorization for select medications. The authorization applies to pharmacy claims submitted to FFS and Louisiana Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

Clinical Authorization Requirement

Pharmacy claims for the following select drugs will require clinical authorization.

- Lasmiditan (Reyvow™)
- Diroximel Fumarate (Vumerity™)
- Tesamorelin (Egrifta®; Egrifta SV™)
- Trifarotene (Aklief®)
- Dichlorphenamide (Keveyis®)
- Ranolazine (Ranexa®)
- Methotrexate (Otrexup®, Rasuvo®)
- Rimegepant (Nurtec™ ODT)
- Ubrogapant (Ubrelvy®)
- Eptinezumab-jjmr (Vyepiti™)
- Crizanlizumab-tmca (Adakveo®)
- Pegfilgrastim-cbqv (Udenyca®)
- Pegfilgrastim-bmez (Ziextenzo™)

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

FFS Only: **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB code 066** (Clinical Authorization Required).

Override provisions should be addressed by submitting the *Louisiana Uniform Prescription Drug Prior Authorization Form*.

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

Age Requirement

Pharmacy claims for trifarotene (Akliel®) will deny at POS when the recipient is younger than 9 years of age or older than 20 years of age with:

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

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

Additional Information

FFS Only: Refer to www.lamedicaid.com (select Pharmacy under Medicaid Programs & Initiatives) for the POS User Guide for drug specific 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.)

MCO and FFS: 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, criteria, and POS edits.

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	DXC Technology	(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.

RJ/MBW/GJS

c: Healthy Louisiana Plans
Melwyn B. Wendt
DXC Technology