

PHARMACY FACTS

Program Updates from Louisiana Medicaid

July 24, 2020

NCPDP Field 460-ET Quantity Prescribed

A final rule from the U.S. Department of Health and Human Services requires the NCPDP **Quantity Prescribed (460-ET)** field to be reported for all Schedule II drugs on pharmacy claims by **September 21, 2020**.

Providers are encouraged to consult their software companies to assure capture or recognition of this field on all Schedule II drug claims, as it will be a mandatory field.

COVID-19 Update

Existing approved prior authorizations on prescribed drugs and physician-administered drugs (drugs included as a medical benefit) will be extended through **October 31, 2020** with no action needed by the prescriber. This will not affect the number of refills originally authorized by the prescriber.

Member copays for prescribed drugs will continue to be waived through **October 31, 2020**.

The 90-day supply, as appropriate, of maintenance medications that are not controlled substances will continue through **October 31, 2020**. These include cardiovascular drugs (hypertension, coronary artery disease, thrombosis), diabetes drugs, respiratory drugs (inhaled and oral), contraceptives, antivirals, direct-acting antivirals for hepatitis C, immunosuppressives, antipsychotics, and antidepressants, among others.

Member signatures will not be required through **October 31, 2020**. To continue to reduce exposure, free home delivery services or drive-through pickup services should be encouraged.



PHARMACY FACTS

Program Updates from Louisiana Medicaid

Preferred Drug List (PDL) Updates (<http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>)

The new Preferred Drug List (PDL) went into effect on July 1, 2020. There were a few updates we wanted to bring to your attention. On the first page shown below, you will find the diabetic supply links and prior authorization information phone numbers for each managed care organization (MCO).

Louisiana Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)

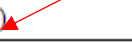

- The PDL is a list of over 100 therapeutic classes reviewed by the Pharmaceutical & Therapeutics (P&T) committee. In addition, there are medications and/or classes of medications that are not reviewed by the committee. Unless there is a clinical pre-authorization requirement for the entire class (as noted on the last page of the PDL) these medications will continue to be covered without prior authorization. **Examples:** spironolactone, hydrochlorothiazide, amoxicillin suspension
- To locate any medication on this list, you may use the keyboard shortcut CTRL + F to search.
- There is a mandatory generic substitution **unless** the brand is preferred, and the generic is non-preferred. When the brand is preferred and the generic is non-preferred, no special notations are required by the prescriber and the pharmacist enters “9” in the DAW field 408-D8.
- When the brand is non-preferred and the prescriber has determined it to be medically necessary, “Brand medically necessary” or “Brand necessary” must be written on the prescription in the prescriber’s handwriting or via an electronic prescription and the pharmacist enters “1” in the DAW field 408-D8. For more information, please [CLICK THIS LINK](#) to the provider manual.
- New medications that enter the marketplace in classes reviewed by P&T committee will be considered non-preferred requiring prior authorization until the next P&T committee meeting. Please refer to the following criteria: [New Drugs Introduced into the Market / Non-Preferred](#)
- Medications listed as non-preferred are available through the prior authorization process. Each Managed Care Organization (MCO) and Fee for Service (FFS) have their own prior authorization departments.
- Any statement highlighted and underlined in blue is a hyperlink to go directly to forms and/or clinical criteria for medications with an explanation of the purpose and the requirements. **Example:** [Request Form](#)
- For medications that require a diagnosis code at the pharmacy, please [CLICK THIS LINK](#) and then select ICD-10-CM Diagnosis Code Policy Chart.
- This PDL/NPDL applies only to medications dispensed in the outpatient retail pharmacy setting.

DIABETIC SUPPLY LIST LINKS BY PLAN	Prior Authorization Information Phone Numbers for MCOs and FFS
AETNA	Aetna Better Health of Louisiana 1-855-242-0802
AMERIHEALTH CARITAS LA	AmeriHealth Caritas Louisiana 1-800-684-5502
HEALTHY BLUE	Healthy Blue 1-844-521-6942
LOUISIANA HEALTHCARE CONNECTIONS	Louisiana Healthcare Connections 1-888-929-3790
UNITEDHEALTHCARE	UnitedHealthcare 1-800-310-6826
	Fee-for-Service (FFS) Louisiana Legacy Medicaid 1-866-730-4357

PHARMACY FACTS

Program Updates from Louisiana Medicaid

We have added a point of sale (POS) edit link under each therapeutic class to make it easier to access versus a separate document. Also, you will see drugs highlighted in **yellow** to denote a change in PDL status for quick identification.

ALLERGY (3)	Cetirizine-D OTC (Generic)
Antihistamines – Minimally Sedating	Cetirizine Tablet OTC (Generic) 
*Request Form	Cetirizine Solution OTC/Rx (1mg/ml) (Generic)
*Criteria	Levocetirizine Tablet (Generic)
*POS Edits 	Loratadine-D OTC (Generic)
	Loratadine Solution OTC; Tablet OTC; ODT OTC (Generic)

The last couple of pages of the PDL now have your additional agents that have POS or clinical authorization requirements versus a separate document.

ADDITIONAL AGENTS THAT HAVE POINT-OF-SALE (POS) REQUIREMENT(S)					
AL – Age Limit	DD – Drug-Drug Interaction	MD – Maximum Dose Limit	TD – Therapeutic Duplication		
BH – Behavioral Health Clinical Authorization for Children Younger than 6 Years of Age	DS – Maximum Days’ Supply Allowed	PR – Enrollment in a Physician-Supervised Program Required	UN – Drug Use Not Warranted		
BY – Diagnosis Codes Bypass Some Requirements	DT – Duration of Therapy Limit	PU – Prior Use of other Medication is Required	X – Prescriber Must Have ‘X’ DEA Number		
CL – Additional Clinical Information is Required	DX – Diagnosis Code Requirement	QL – Quantity Limit	YQ – Yearly Quantity Limit		
CU – Concurrent Use with Other Medications is Restricted	ER – Early Refill	RX – Specific Prescription Requirement			
Acetaminophen	POS	Fabrazyme® (Agalsidase beta)	POS	Protriptyline	BH, TD
Acthar® (Corticotropin)	CL	Fasenra® (Benralizumab)	CL	Prudoxin® (Doxepin Topical)	POS
Actimmune® (Interferon Gamma-1b)	POS	Firazyr® (Icatibant)	CL	Pulmozyme® (Dornase Alfa)	POS
Aldurazyme™ (Laronidase)	CL	Flolan® (Epoprostenol Sodium)	POS	Radicava® (Edaravone)	POS
Alferon N® (Interferon Alfa-N3)	POS	Fycopma® (Perampanel)	POS	Ravicti® (Glycerol Phenylbutyrate)	CL
Amitriptyline	BH, TD	Gattex® (Teduglutide)	CL	Reclast® (Zoledronic acid)	CL, QL
Amitriptyline/Chlordiazepoxide	BH	Haegarda® (C1 Esterase Inhibitor [Human])	CL	Remodulin® (Treprostinil Sodium) INJECTION	POS