STATE OF LOUISIANA

DEPARTMENT OF HEALTH AND HOSPITALS

LOUISIANA
Department of HEALTH and HOSPITALS

M. J. "Mike" Foster, Jr.
GOVERNOR

David W. Hood
SECRETARY

July 14, 2003

Dear Prescribing Practitioners and Pharmacy Providers:

Attached is a listing of drugs on the Medicaid Prior Authorization (PA) Process' Preferred Drug List (PDL). The listing includes preferred drugs and those drugs requiring prior authorization.

The PA process, in accordance with the program's "Continuity of Care" policy, does not impact original prescriptions (or refills) issued by a prescribing practitioner prior to effective PA dates of drugs as they are added to the PA process ***as long as they are within the 5 refills and 6-month program limits***. An educational alert will notify the pharmacist that prescriptions (and their refills) will require a new prescription and prior authorization if the prescription life exceeds six months or the refill exceeds the 5 refill limit. The educational alert will state, "NEW RX WILL REQUIRE PA AFTER (DATE)."

The Medicaid PBM Program utilizes a numbering system to assist providers in maintaining the lists disseminated. You will note the list included with this correspondence is **"03-04".** Please be advised this attachment contains the current drug listings on the PDL and supersedes all previous lists issued.

Information on the Prior Authorization process, including the PDL and Prior Authorization Request Form (copy is attached, Form RXPA01), is also available on the Louisiana Medicaid website (**www.lamedicaid.com**). This website will be updated when changes (additions or deletions) are made to the PDL. The program may also utilize the provider remittance advices to notify providers of PDL changes that must be implemented in short time frames.

The Department has received inquiries that drug products requiring PA are not reimbursable by Medicaid. Medicaid does reimburse for drug products requiring prior authorization when the prior authorization process is followed.

Also, attached is Appendix D detailing the information required to review retroactive eligibility. Please be advised that pharmacy claims will only be overridden for the prior authorization edit for **eligibles with certified retroactive eligibility.** Claims submitted for eligibles who do not have retroactive eligibility will not have the PA edit overridden.

Thank you for your continued cooperation. We appreciate your participation in the Medicaid Program.

Sincerely,

Ben A. Bearden
Director

BAB/ht

Attachments (3)

OFFICE OF MANAGEMENT AND FINANCE • BUREAU OF HEALTH SERVICES FINANCING
1201 CAPITOL ACCESS ROAD • P. O. BOX 91030 • BATON ROUGE, LA 70821-9030
PHONE #: 225/342-3956 OR 225/342-5774 • FAX #: 225/342-3893

#03-04 Prior Authorization PDL Implementation Schedule
UPDATES

ADD/ADHD

	Drugs on PDL	Drugs which Require PA	Implementation Date
Stimulants and Related Agents	Amphetamine Salts Combo Amphetamine Salts Combo/XR (Adderall XR) Dexmethylphenidate (Focalin) Dexmethylphenidate Sulfate Methylphenidate Methylphenidate ER (Metadate CD) Methylphenidate ER (Concerta) Methylphenidate LA (Ritalin LA) Methylphenidate/SR (Ritalin SR/Generic) Pemoline	Atomoxetine (Strattera) Methamphetamine (Desoxyn) Modafinil (Provigil)	July 14, 2003

ALLERGY

Corticosteroids, Nasal	Flunisolide Spray Fluticasone (Flonase) Mometasone (Nasonex)	Beclomethasone AQ (Beconase AQ) Budesonide Aqua (Rhinocort Aqua) Flunisolide Aqueous (Nasarel) Triamcinolone (Nasacort) Triamcinolone AQ (Nasacort AQ)	July 14, 2003
Corticosteroids, Inhalation	Beclomethasone MDI (QVAR) Budesonide Suspension (Pulmicort Respules) - children under 21 years only Fluticasone DPI (Flovent Diskus; Flovent Rotadisk) Fluticasone MDI (Flovent) Fluticasone/Salmeterol DPI (Advair Diskus) Triamcinolone MDI (Azmacort)	Budesonide Suspension (Pulmicort Respules) - 21 years and older Budesonide DPI (Pulmicort Turbuhaler) Flunisolide MDI (Aerobid; Aerobid M)	July 14, 2003

ASTHMA/COPD

Leukotriene Modifiers	Montelukast (Singulair) Zafirlukast (Accolate)	Zileuton (Zyflo)	July 14, 2003

DEPRESSION

Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	Escitalopram (Lexapro) Fluoxetine (except Sarafem) Fluvoxamine Maleate Paroxetine (Paxil) Paroxetine CR (Paxil CR) Sertraline (Zoloft)	Citalopram (Celexa) Fluoxetine ER (Prozac Weekly) Fluoxetine (Sarafem)	July 14, 2003
Antidepressants, Other	Bupropion Bupropion XR (Wellbutrin SR) Mirtazapine Trazodone Venlafaxine (Effexor)	Mirtazapine (Remeron SolTab) Nefazodone (Serzone) Venlafaxine XR (Effexor XR)	July 14, 2003

#03-04 Prior Authorization PDL Implementation Schedule
UPDATES Continued

DIABETES

	Drugs on PDL	Drugs which Require PA	Implementation Date
Hypoglycemics, Sulfonylureas	Acetohexamide Chlorpropamide Glimepiride (Amaryl) Glipizide Glipizide XL (Glucotrol XL) Glyburide Glyburide Extended Release Tolazamide Tolbutamide	NONE	July 14, 2003
Hypoglycemics, Alpha - Glucosidase Inhibitors	Acarbose (Precose) Miglitol (Glyset)	NONE	July 14, 2003
Hypoglycemics, Metformin Containing	Glyburide/Metformin (Glucovance) Metformin Rosiglitazone/Metformin (Avandamet)	Glipizide/Metformin (Metaglip) Metformin XR (Glucophage XR)	July 14, 2003
Hypoglycemics, Thiazolidinediones (TZDs)	Pioglitazone (Actos) Rosiglitazone (Avandia)	NONE	July 14, 2003
Hypoglycemics, Meglitinides	Nateglinide (Starlix) Repaglinide (Prandin)	NONE	July 14, 2003

HEART DISEASE

HYPERTENSION

ACE Inhibitors	Benazepril (Lotensin) Benazepril/HCTZ (Lotensin HCT) Captopril Captopril/HCTZ Enalapril Enalapril/HCTZ Fosinopril (Monopril) Fosinopril/HCTZ (Monopril HCT) Lisinopril Lisinopril/HCTZ Moexipril (Univasc) Moexipril/HCTZ (Uniretic) Trandolapril (Mavik)	Perindopril (Aceon) Quinapril (Accupril) Quinapril/HCTZ (Accuretic) Ramipril (Altace)	July 14, 2003

#03-04 Prior Authorization PDL Implementation Schedule
UPDATES Continued

HEART DISEASE

HYPERTENSION

	Drugs on PDL	Drugs which Require PA	Implementation Date
Angiotensin II Receptor Blockers	Irbesartan (Avapro) Irbesartan/HCTZ (Avalide) Olmesartan (Benicar) Telmisartan (Micardis) Telmisartan/HCTZ (Micardis HCT) Valsartan (Diovan) Valsartan/HCTZ (Diovan HCT)	Candesartan (Atacand) Candesartan/HCTZ (Atacand HCT) Eprosartan (Teveten) Eprosartan/HCTZ (Teveten HCT) Losartan (Cozaar) Losartan/HCTZ (Hyzaar)	July 14, 2003
Calcium Channel Blockers	Diltiazem Diltiazem ER Felodipine (Plendil) Nicardipine Nifedipine Nifedipine SR Nisoldipine (Sular) Verapamil Verapamil SR	Amlodipine (Norvasc) Bepridil (Vascor) Isradipine (Dynacirc) Isradipine SR (Dynacirc CR) Nicardipine SR (Cardene SR) Nimodipine (Nimotop) Verapamil ER (Covera-HS) Verapamil ER (Verelan-PM)	July 14, 2003

HORMONE THERAPY

Estrogen Combinations	17β-Estradiol/Norgestimate (Ortho-Prefest®) Conjugated Estrogens (CE) / Medroxyprogesterone Acetate (MPA) (Premphase) Conjugated Estrogens / medroxyprogesterone acetate (Prempro)	17β-Estradiol/Norethindrone Acetate (Activella®) 17β-Estradiol/Norethindrone Acetate (CombiPatch) Ethinyl Estradiol/Norethindrone Acetate (Femhrt)	July 14, 2003

INFECTIOUS DISORDERS

ANTIBIOTICS

Fluroquinolones INTRAVENOUS	Ciprofloxacin (Cipro) Gatifloxacin (Tequin) Levofloxacin (Levaquin) Moxifloxacin (Avelox)	Ofloxacin (Floxin)	July 14, 2003

#03-04 Prior Authorization PDL Implementation Schedule
UPDATES Continued

INFECTIOUS DISORDERS

ANTIBIOTICS

	Drugs on PDL	Drugs which Require PA	Implementation Date
Fluroquinolones ORAL	Ciprofloxacin (Cipro) Ciprofloxacin ER (Cipro XR) Gatifloxacin (Tequin) Levofloxacin (Levaquin) Moxifloxacin (Avelox)	Iomefloxacin (Maxaquin) Norfloxacin (Noroxin) Ofloxacin (Floxin)	July 14, 2003

PAIN MANAGEMENT

Nonsteroidal Anti - Inflammatories (NSAIDs)	Diclofenac Etodolac Fenoprofen Flurbiprofen Ibuprofen Indomethacin Ketoprofen Ketorolac Meclofenamate Sodium Meclofenamic Acid (Ponstel) Meloxicam (Mobic) Nabumetone Naproxen Naproxen Sodium Oxaprozin Piroxicam Sulindac Tolmetin Sodium	Diclofenac/Misoprostol (Arthrotec)	July 14, 2003
Selective Cyclooxygenase COX 2 Inhibitors	Rofecoxib (Vioxx) Valdecoxib (Bextra)	Celecoxib (Celebrex)	July 14, 2003

Fax or Mail this form to:
LA Medicaid Rx PA Operations
ULM College of Pharmacy

Monroe, LA 71201

Form RXPA01
Issue Date: 3/1/2002

State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing
Louisiana Medicaid Prescription Prior Authorization Program
REQUEST FOR PRESCRIPTION PRIOR AUTHORIZATION

*Please type or print legibly (fields followed with an asterisk * are required, all other fields are requested).*

Date of Request:*	Number of Fax Pages (including cover page):*
Practitioner Information	**Patient Information**
Name:*	Name (last, first):*
LA Medicaid Prescribing Provider Number:*	LA Medicaid CCN or Recipient Number:*
LA Medicaid Billing Provider Number:	Date of Birth:*
Call-Back Phone Number (include area code):*	
Fax Number (include area code):	Projected Duration:*
Requested Drug Information	
Drug Name:*	Drug Strength:
Diagnosis Code (ICD-9-CM):	Diagnosis Description:*

Please answer the following questions for your request to prescribe a non-preferred drug for your patient:*

1. Has the patient experienced treatment failure with the preferred product(s)? ☐ YES ☐ NO

2. Does the patient have a condition that prevents the use of the preferred product(s)? ☐ YES ☐ NO
   If YES, list the condition(s) in the box below:

3. Is there a potential drug interaction between another medication and the preferred product(s)? ☐ YES ☐ NO
   If YES, list the interaction(s) in the box below:

4. Has the patient experienced intolerable side effects while on the preferred product(s)? ☐ YES ☐ NO
   If YES, list the side effects in the box below:

Practitioner Signature:* _____

(If a signature stamp is used, then the prescribing practitioner must initial the signature)

Appendix D. Retroactive Eligibility Process for Rx PA

Recipient → **Pharmacy**

Rx filled prior to eligibility
(No proof of eligibility)

Pharmacy Charged | **Cash Sale**

Retroactive Eligibility established for Recipient
√ Paper Eligibility **Form 18** processed by DHH
√(Example: Form 18-LTC indicates LTC eligibility. Form 18 does not always certify retroactive eligibility.)
√ Plastic Card issued to recipient with CCN

POS Claim is denied with "**PA Required**" edit

Scenario 1: Rx credited the Recipient

1. Acct Receivable credited
2. Pharmacy submission of:
   a. Claim
   b. Form 18
   c. Cover letter requesting RxPA override.
   To:
   DHH MMIS Unit
   P.O. Box 91030
   Baton Rouge, LA 70821.
3. PA override applied by DHH.
4. Unisys processes claim.
5. Payment to Pharmacy.

Scenario 2: Recipient paid cash

1. Cash refund to recipient refused.
2. Recipient contacts parish office.
3. Parish office mails pharmacy form RRP-P.
4. Pharmacy completes form RRP-P and returns to parish office.
5. DHH processes form RRP-P
   a. PA override applied.
   b. Sent to Unisys for data entry.
6. Payment to Recipient.

Scenario 3: Recipient paid cash (Full cash refund to the Recipient)

1. Full amount cash refund to recipient.
2. Pharmacy submission of:
   a. Claim
   b. Form 18
   c. Cover letter requesting RxPA override.
   To:
   DHH MMIS Unit
   P.O. Box 91030
   Baton Rouge, LA 70821.
3. PA override applied by DHH.
4. Unisys processes claim.
5. Payment to Pharmacy.