



# State of Louisiana

Louisiana Department of Health  
Bureau of Health Services Financing

## MEMORANDUM

**DATE:** November 16, 2020

**TO:** Louisiana Medicaid Fee-for-Service Pharmacy Program and Managed Care Organizations

**FROM:** Melwyn Wendt  
Pharmacy Director

**SUBJECT:** Point of Sale Edits

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Effective January 1, 2021, the Louisiana Medicaid Fee-for-Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will update the following clinical edits at Point of Sale (POS). The updates apply to FFS and Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections and United Healthcare). This measure was approved by the Louisiana Department of Health Secretary after Pharmaceutical and Therapeutic (P&T) committee members reviewed recommendations.

### **Edits on Vraylar® (Cariprazine ) and Latuda® (Lurasidone) Claims Submissions**

Vraylar® and Latuda® will be designated as preferred agents as part of Preferred Drug List (PDL) changes scheduled for implementation on January 1, 2021. However, Vraylar® and Latuda® are recommended as preferred with step through on a preferred generic agent. Claims for Vraylar® and Latuda® will be approved at Point-of-Sale if there is evidence of prior use of the requested medication or a preferred [PA Indicator =1 (Preferred), Route=1 (Oral)] generic drug (**See Table Below**).

If there is no evidence of prior use of the requested medication or a preferred generic agent within the previous 90 days, claims submitted for Vraylar® (HICL 042552) and Latuda® (HICL 037321) will reject at POS.

TC	Antipsychotic Agents Therapeutic Class Description
H2G	ANTIPSYCHOTICS,PHENOTHIAZINES
H2L	ANTI-PSYCHOTICS,NON-PHENOTHIAZINES
H2W	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS
H7O	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES
H7P	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES
H7Q	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BENZAMIDES
H7R	ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPIPERIDINES
H7S	ANTIPSYCHOTICS,DOPAMINE ANTAGONST,DIHYDROINDOLONES
H7T	ANTIPSYCHOTIC,ATYPICAL,DOPAMINE,SEROTONIN ANTAGNST
H7U	ANTIPSYCHOTICS, DOPAMINE AND SEROTONIN ANTAGONISTS
H7V	ANTIPSYCH,DOPAMINE ANTAGONISTS,IMINODIBENZYL DER.
H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED
H7Z	SSRI-ANTIPSYCH, ATYPICAL,DOPAMINE,SEROTONIN ANTAG
H8W	ANTIPSYCHOTIC-ATYPICAL,D3/D2 PARTIAL AG-5HT MIXED

**Removal of POS edits on Epidiolex® (Cannabidiol)**

Epidiolex® (HICL045006) will be designated as a preferred agent as part of the Preferred Drug List (PDL) changes scheduled for implementation on January 1, 2021. The current POS clinical authorization requirement should be removed.

MBW/amh