

POLICY AND PROCEDURE

POLICY NAME: Pharmacy Prior Authorization and Medical Necessity	POLICY ID: LA.PHAR.OP.08
BUSINESS UNIT: Louisiana HealthCare Connections	FUNCTIONAL AREA: Pharmacy
EFFECTIVE DATE: 10/13	PRODUCT(S): Medicaid
REVIEWED/REVISED DATE: 10/13, 4/14, 11/14, 11/15, 2/16, 9/16, 1/17, 7/17, 7/18, 7/20, 12/20, 12/21, 6/22, 5/23, 8/23, 6/24, 4/25, <u>02/26</u>	
REGULATOR MOST RECENT APPROVAL DATE(S):	

POLICY STATEMENT:

This policy is to ensure Louisiana Healthcare Connections (LHCC) follows Louisiana Department of Health (LDH) Clinical Prior Authorization and Medical Necessity Criteria.

PURPOSE:

LHCC prior authorization (PA) criteria aligns with LDH for drugs on the single preferred drug list (PDL) that are filled in an outpatient pharmacy setting. ~~The Louisiana Medicaid Single Pharmacy Benefits Manager (PBM) Centene Pharmacy Services (CPS)~~ completes all PA reviews on behalf of LHCC, ~~and all other Managed Care Organizations (MCOs) in the Louisiana Medicaid Program.~~ ~~The Single PBM LHCC, with CPS,~~ utilizes the LDH Medical Necessity criteria to promote the most appropriate utilization of certain medications when no other LDH clinical criteria exists or when the request is for an off-label indication.

The criteria for approval have been established by the LDH Pharmacy Drug Utilization Review (DUR) Board. LHCC prior authorization status of retail and physician administered medications align with LDH's single PDL and DUR clinical criteria for prior authorization. LHCC has input on PA criteria development and MCO representation on the DUR board. LHCC's Prior Authorization (PA) process complies with 42 CFR § 438.3(s)(6).

SCOPE:

~~This policy applies to Louisiana Healthcare Connections (LHCC) Pharmacy Department, Louisiana Healthcare Connections Medical Management Department, Centene Pharmacy Services (CPS), and the contracted Pharmacy Benefits Manager (PBM) the Louisiana Medicaid Single Pharmacy Benefits Manager (PBM)~~

DEFINITIONS:

LDH – Louisiana Department of Health
 LHCC – Louisiana Healthcare Connections
 PA – Prior Authorization
 MN – Medical Necessity
 DUR – Drug Utilization Review
 FDA – Food and Drug Administration
 PDL – Preferred Drug List
 FFS – Fee for Service
 NTI – Narrow Therapeutic Index
 P&T – Pharmacy & Therapeutics
 PBM – Pharmacy Benefits Manager
CPS – Centene Pharmacy Services

POLICY:

It is the policy of LHCC Louisiana Healthcare Connections to obtain approval for medications when the following circumstances arise:

- a. When prescribing medically necessary non-PDL drug.
- b. When prescribing drugs inconsistent with FDA approved labeling, including behavioral health drugs.
- c. When prescribing is inconsistent with nationally accepted guidelines.
- d. When prescribing brand name medications which have A-rated generic equivalents.
- e. To minimize potential drug over-utilization.
- f. To accommodate exceptions to Medicaid drug utilization review standards related to proper maintenance drug therapy.
- g. At LDH's discretion, prior authorization overrides for selected drug products or devices.

The Louisiana Single PBM LHCC requires a providers to submit a PA requests containing appropriate clinical information as it relates to the medication request. The LDH Louisiana Uniform Prescription Drug Prior Authorization Form, also referred to as the Universal PA Form, should must be used for faxed PA requests. Additionally, providers may submit PA requests to the Single PBM through a telephone call or an online Cover My Meds submission. Approval of the request will be determined if the rationale is or is not consistent with LDH-developed criteria.

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LHCC, with the Single PBM, does:

- a. Prior authorize drugs with a non-preferred status on the PDL
- b. Prior authorize drugs when safety and utilization edits are exceeded when approved by LDH, except for drugs used for the treatment and prevention of HIV/AIDS
 - a. LHCC adheres to the provisions of La. R.S. 46:153.3 C (1) which exempts HIV/AIDS drugs from the prior authorization approval process.

LHCC, with the Single PBM, does NOT:

- a. Prior authorize drugs with a preferred status on the PDL, except to align with FFS clinical edits
- b. Prior authorize drugs not on the PDL for self-administered drugs, except to align with FFS clinical edits or as otherwise directed by LDH
- c. Utilize more restrictive criteria than FFS related to the preference of one agent over another agent within a therapeutic class listed on the PDL
- d. Apply criteria to preferred agents listed on the PDL in a manner that would disadvantage the selection of the preferred agents over other agents within the therapeutic class
- e. Require more than two failures of preferred products for a prior authorization
- f. Require prior authorization for drugs with FDA indication for emergency contraception
- g. Require prior authorization for a dosage change for any medications that have been previously authorized and/or approved by the MCO, as long as the newly prescribed dose is within established FDA guidelines for that medication
- h. Penalize the prescriber or enrollee, financially or otherwise, for PA requests or other inquiries regarding prescribed medications
- i. Require prior authorization to prefer a B-rated generic drug over an A-rated generic.

As part of the PA process, LHCC or it's approved delegated vendor such as the Single PBM, will:

1. Notify the requesting practitioner of the approval or disapproval of the request within 24-hours of receipt, seven days a week.
 - 4-a. Denials of prior authorization requests or offering of an alternative medication will be provided to the prescriber and member in writing.
 - a-b. The Single PBM LHCC maintains a 99.5% compliance rate with the 24-hour PA resolution requirement set by LDH.
2. Provide access to a toll-free call center for prescribers to call to request PA for non-PDL drugs or drugs that are subject to clinical edits.
 - a. The toll-free number is 1-800-595-8133 1-800-424-1664.
 - 2-b. The Single PBM LHCC allows prescribers and pharmacies to submit PA requests by phone, fax, or automated process.
3. Prior authorization and/or step therapy is not applied to preferred agents listed on the PDL in a manner that would disadvantage the selection of the preferred agents over other agents within the therapeutic class.
4. If a PA is required for a narrow therapeutic index (NTI) drug, every effort should will be made to verify if the member is currently on a specific brand/generic, then the PA shall be approved for the corresponding product.
 - 4-a. NTI drugs include: Aminophylline, Carbamazepine, Cyclosporin, Digoxin, Disopyramide, Ethosuximide, Flecainide, L-Thyroxine, Lithium, Phenytoin, Theophylline, Thyroid, Valproic Acids, and Warfarin.
5. LHCC, along with the The contracted Pharmacy Benefits Manager (PBM) The Louisiana Single PBM overrides PA for select drug products or devices at LDH's discretion, including but not limited to, certain DUR initiatives.
6. LHCC, with the Single PBM, allows a member to continue receiving a prescription drug that was on the State's PDL and was removed from the PDL or changed from preferred to non-preferred status is allowed to continue to receive that prescription for at least 60 days after notification.
 - a. LHCC has 30 days after receipt of the NDC list to send out notifications of negative changes to prescribers and members within the timeline specified by LDH Pharmacy.
 - 6-b. Brand/generic preference changes of the same drug entity do not constitute a negative PDL change.
7. The LHCC's contracted Pharmacy Benefits Manager (PBM) The Louisiana Single PBM has an automated process that allows the pharmacy to dispense, without PA, for at least a 72-hour emergency supply of a product of full unbreakable package if requested.

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- a. At a minimum, ~~the contracted Pharmacy Benefits Manager (PBM)~~the Single PBM allows two consecutive emergency supply fills per prescription.
- b. ~~The contracted Pharmacy Benefits Manager (PBM)~~The Single PBM reimburses the pharmacy for both the ingredient and the dispensing fee for both fills.

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7-c. Emergency fills may be included in a post payment review to identify misuse.

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- 8. When a prescriber is requesting brand name medication that has a generic equivalent, ~~the Single PBM can~~LHCC can encourage the prescriber to complete the FDA Medwatch form.

8-a. A Medwatch form is not required or considered in the PA review process of a brand drug.

- 9. LHCC posts the statewide universal prior authorization form on the LHCC ~~website.~~website.

- 10. ~~In order to obtain necessary information for PA processing, the following therapeutic drug classes may be considered specialty for prior authorization purposes only: Hepatitis C Direct Acting Antiviral Agents (as directed by LDH), Spinraza, Aduhelm, and Synagis, Leqembi and Kisunla. The contracted Pharmacy Benefits Manager (PBM)The Single PBM requires prescribers to utilize the LDH form and criteria for these specialty classes filled in the outpatient pharmacy setting. In order to obtain necessary information for PA processing, certain medications or therapeutic classes designated by LDH may be subject to drug-specific prior authorization requirements. For these medications, prescribers are required to utilize the applicable LDH-developed request form(s) to include in the prior authorization submission~~

Commented [ER2]: Summarized statement, as the list of drugs with LDH-specific requests forms has expanded since this MCO Manual language was last updated

a. This may include, but is not limited to, the following drugs: Hepatitis C Direct Acting Antiviral Agents, Aduhelm, Leqembi, and Kisunla

9-b. For the most up-to-date information, refer to the PDL posted by LDH

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40-11. Psychiatric Facility Discharge Medication

LHCC contracts with the psychiatric facilities and residential substance use facilities so that LHCC is notified upon patient admission and upon patient planned discharge from the psychiatric facility or residential substance use facilities.

- a. Prior to discharge, LHCC shall be informed of the recipient's discharge medications. LHCC, ~~along with the contracted Pharmacy Benefits Manager (PBM)~~the Single PBM, will then be responsible to override or allow all behavioral health discharge medications to be dispensed by overriding prior authorization restrictions for a sixty (60) day period. This includes, but is not limited to, naloxone, Suboxone, and long-acting injectable antipsychotics.
- b. If LHCC is not notified prior to discharge and the member presents at the pharmacy with a medication issued at the time of discharge, ~~the contracted Pharmacy Benefits Manager (PBM)~~the Single PBM will provide a prior authorization override for a sixty (60) day period from the date of discharge as long as the member presents the prescription within sixty (60) days of being discharged from a psychiatric and/or residential substance use facility.

11-12. For an emergency, specific changes are determined by LDH and may include:

- a. Prior authorization requirements: this may include, but it is not limited to, altering prior authorization denials to an educational alert (message to pharmacy only, no denial at Point of Sale) as well as extending the expiration date of currently approved prior authorizations to a date requested by LDH.

PROCEDURE:

PRIOR AUTHORIZATION PROCEDURE:

1. The PDL is established by LDH and indicates the preferred and non-preferred status of covered drugs.
2. The Prior Authorization Procedure ~~for LHCC is delegated to the contracted Pharmacy Benefits Manager (PBM)the Louisiana Single PBM for LHCC, along with all other Louisiana MCOs, and outlined in the Louisiana PBM MCO Provider Manual~~Centene Pharmacy Services (CPS)
3. In order for a PA or MN medication to be covered, the prescriber must submit information consistent with the developed criteria to obtain approval for the medication
4. Initial PA and MN requests will be reviewed ~~by CPS by the Single PBM~~ for a determination of meeting criteria.
- 4-5. For requests that meet initial screening criteria, the prescriber will be notified that approval has been granted.
6. When a request does not meet criteria, it will be forwarded to a licensed clinician ~~employed by the Single PBM~~ for a final determination.
 - 5-a. Clinical pharmacists will review all denials.
7. PA and MN requests are responded to within 24 calendar hours when all necessary and requested information is supplied.
 - a. If all necessary information to review the request is not received in a timely manner, the request will be reviewed with the available information by the reviewer and a decision rendered within 24 hours.
 - 6-b. If additional information is not received within the original 24-hour timeframe to allow ~~the Single PBM the~~ PA reviewer to make an informed decision, a denial notification is completed in accordance with the process described above

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7-8. When a medication is approved or denied, a notation is made in the PA processing system. In the event of a PA or MN denial, the prescriber is faxed notification of the adverse determination within 24 hours, including the reason for the denial, along with a request for use of PDL alternatives (when appropriate).

9. The member denial letter is mailed to the member ~~by the Single PBM upon receipt~~ within 2 business days of the denial decision.

a. Both the prescriber notification and the member denial letters include the reason for the denial and language notifying of the rights for appeal of the decision, including contact information at both LHCC and any applicable state agencies, if required.

8-b. Upon request ~~by LHCC, the Single PBM will provide~~ copies of all member denial letters ~~on a daily basis, for the previous day, via an automated process~~ can be provided.

10. The prescriber or the member may request reconsideration of any denial ~~made by the Single PBM or LHCC Medical Director.~~

a. A record of all denials is maintained ~~by the Single PBM es and/or LHCC as applicable.~~

b. A request for reconsideration containing new or additional information is processed ~~by the Single PBM as a new request and tracked independently of the initial PA request.~~

9-c. At minimum, a 72-hour supply ~~of medication~~ is available any time there is a delay in the review process.

10-11. LHCC, CPS, and ~~along with the contracted Pharmacy Benefits Manager (PBM)~~ the Single PBM, ~~does do~~ not discriminate on the basis of race, color, national origin, sex, age or disability, nor exclude from participation in, deny the benefits of, or otherwise subject to discrimination under any applicable Company health program or activity.

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APPEAL PROCEDURE:

1. The prescriber or a member of the prescriber's staff may call, write, or fax LHCC Grievances and Appeals team to request an appeal on an adverse coverage determination.
2. An outreach to the prescriber may be made by the Louisiana Healthcare Appeals Team member and/or Medical Director, if needing to obtain missing/additional information.
3. All final appeal decisions are made by a LHCC Medical Director.
 - a. The denial may be overturned at any time during the appeal review process and an authorization for approval will be entered in the pharmacy claims system. Both member and prescriber are notified in the event that a denial has been overturned.
 - b. An appeal denial letter will be sent to both the prescriber and the member.
 - c. Documentation of the review and the generation of appeal letters are kept by LHCC.

6-4. ~~The Appeal Procedure is described in detail in LHCC's Policy LA.QI.11.03 Appeals Process.~~

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REFERENCES:

- [Louisiana Healthcare Connections Louisiana Department of Health Contract](#)
- [Louisiana Medicaid Managed Care Organization \(MCO\) Manual](#)
- [LDH Pharmacy Benefits Management Services Manual](#)
- [Louisiana Medicaid Single Preferred Drug List](#)
- [Louisiana Uniform Prescription Drug Prior Authorization \(PA\) Form and Fax Coversheet](#)
- ~~[Louisiana PBM MCO Provider Manual](#)~~
- ~~[Louisiana Medicaid Medically Necessary Criteria](#)~~

Commented [ER4]: Removed reference with termination of LA Single PBM 09/30/2025

Commented [ER5]: Link is embedded within LDH PDL document, so pulling out here separately for more clear reference

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ATTACHMENTS:

ROLES & RESPONSIBILITIES: N/A

REGULATORY REPORTING REQUIREMENTS:

La R.S. 46:460.54 applies to material changes for this policy

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document		
Revised	Under Prior Authorization Procedures – changed the name of the PA form To Bayou Health Pharmacy Prior Authorization Form	10/2013

	Under Attachments: Changed the name of Attachment A to Bayou Health Pharmacy Prior Authorization Form	
Revised	As part of the PA process, added US Script functions when applicable Attached updated Bayou Health PA form	04/24/14
Annual Review	Revisions made per RFP requirements	
Annual Review	BH Integration 2015 Policy Update	11/24/14
Revised	Changed Member denial notification from 24-48 hours to 2 business days to be consistent with RFP appeals language Added language from Contract Amendment 5 in Policy section 10.b	11/24/15
Annual	Annual Review, No Changes	02/24/16
Revised	Changed US Script to Envolve Pharmacy Solutions	09/26/16
Annual	Updated section to clarify that PA requests will be responded to within 24 calendar hours when all necessary and requested information is supplied; revised "EPS claims processing system" to "pharmacy claims processing system".	01/24/17
Annual	Added under PA procedure, #5 – If all necessary information to review the request is not received in a timely manner, the request will be reviewed with the available information by the medical director and a decision rendered within 24 hours;	07/24/17
Revised	Added two policies to References section: EPS.PHARM.31 Creating and Revising Drug Prior Authorization Policies and EPS.PHARM.03A Medicaid Prior Authorization Review Process. Revised language to be following Louisiana Medicaid Statement of Work requirements. Revised language to be in compliance with corporate functions.	07/24/18
Annual	Annual Review – Changes Needed (Approved by LDH)	07/24/20
Annual	Annual Review – Removed reference to LHCC P&T Committee. Copyright language added and updated formatting. Updated Purpose language to align with LDH Medical Necessity Policy.	12/2020
Annual	Annual Review – Updated name change Envolve Pharmacy Solutions to Centene Pharmacy Services. Reference section EPS changed to CC. and LDH Medical Necessity form update from January to July 2021.	12/29/21
Annual	Updated to new P&P Template. Changed from LA.PHAR.08 to LA.PHAR.OP.08 Reworded Purpose section. Updated Scope section. Updated Policy and Procedure sections to align with the 2023 LDH Contract and LDH MCO manual. Added definitions/acronyms. Updated appeals procedure section. Updated references. Removed 1 attachment (LDH Medical Necessity Policy, linked it as a reference instead)	06/29/22
Revisions	Cleaned up language to match MCO Manual and edits per LDH, reformatted document to improve readability	08/08/23
Annual	Updated template to reflect implementation of Louisiana Medicaid Single PBM, to whom PA reviews are delegated for LHCC members. Added statement in "Procedure" section to acknowledge that the Single PBM maintains the full process/procedure on their own webpage. Added language to clarify that the Single PBM is responsible for pharmacy programming that permits overrides where necessary such as the minimum 72-hour emergency supply or behavioral health discharge overrides. Edited behavioral health discharge override timeframe from 90 days to 60 days to align with MCO Manual/Single PBM Provider Manual. References section updated with hyperlinks to references on LDH website. Moved Uniform PA Request Form from Attachments to References with static link. Wording and grammar updated throughout to improve readability.	06/11/24

Annual	Annual review. No material changes.	04/08/25
Annual	Annual review; Policy updated to reflect transition away from Single PBM in October 2025. References, forms, and related language updated to align with current LDH requirements. Prior authorization review delegation updated to Centene Pharmacy Services (CPS). Appeals language updated to reference the appropriate appeals policy. Wording and grammar updated throughout to improve readability.	02/09/26

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

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