State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: March 13, 2020

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

FROM: Melwyn Wendt
              Pharmacy Director

SUBJECT: Point of Sale Edits May 15, 2020

Effective May 15, 2020, 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 at the February 2020 meeting of the Louisiana Drug Utilization Review Board.

Medication	POS Edit	Details
Doxepin hydrochloride / Prudoxin / Zonalon (topical cream)	Quantity limit	Quantity limit (45 grams / 30 days)
Doxepin hydrochloride / Prudoxin / Zonalon (topical cream)	Diagnosis code	L20* (Atopic dermatitis) OR L28.0 (Lichen simplex chronicus)
Doxepin hydrochloride / Prudoxin / Zonalon (topical cream)	Age limit	> or = to 18 years of age

Doxepin hydrochloride / Prudoxin / Zonalon (topical cream)	Therapeutic duplication	Therapeutic duplication between the following: Pradoxin /Zonalon / Generic
Secuado (asenapine) Transdermal Patch	Quantity limit	30 units / 30 days
Secuado (asenapine) Transdermal Patch	Diagnosis code	F20* (Schizophrenia)
Secuado (asenapine) Transdermal Patch	Age limits	> or = to 18 years of age (Clinical authorization for age < 6 years with override available if requested for ages 6 to 17 years)
Secuado (asenapine) Transdermal Patch	Therapeutic duplication	Therapeutic duplication with oral antipsychotics
Glucagonlike Peptide 1 (GLP-1) Receptor Agonists with Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	Therapeutic duplication	Therapeutic duplication between agents from each class
Sulfonylureas	Therapeutic duplication	Therapeutic duplication within the class
Penicillamine (Cuprimine®; Depen®)*	Quantity limit	240 capsules/tablets per 30 days
Tolvaptan (Samsca®)*	Quantity limit	30mg = Maximum of 60 tablets per fill **AND** 15mg = Maximum of 30 tablets per fill

*Clinical authorization requirement will
also be proposed for these agents.

Medication	POS Edit	Details
Orkambi (lumacaftor / ivacaftor)	Diagnosis code	Dx code will be **REMOVED** from POS edits.
Revlimid (lenalidomide)	Diagnosis code	Dx code will be **REMOVED** from POS edits.

MBW/sf