Louisiana Medicaid
Pain Management – Neuropathic Pain

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request:

- Prior authorization for non-preferred neuropathic pain agents for recipients 7 years of age and older
- Clinical authorization for **all** preferred and non-preferred serotonin norepinephrine reuptake inhibitor antidepressants (SNRIs) [duloxetine] when requested for a behavioral health diagnosis for recipients younger than 7 years of age

Additional Point-of-Sale edits may apply.

*These agents may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*

Approval Criteria for Non-Preferred Agents for Recipients 7 Years of Age and Older

- For lidocaine patch (generic and authorized generic for Lidoderm®) – there has been a treatment failure or intolerable side effect with or contraindication to brand Lidoderm®; **OR**
- There is no preferred alternative that is the exact same chemical entity, formulation, strength, and delivery device; **AND**
- Previous use of a preferred product - **ONE** of the following is required:
    - The recipient has had a *treatment failure* with at least one preferred product; **OR**
    - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
    - The recipient has *documented contraindication(s)* to all of the preferred products that are appropriate to use for the condition being treated; **OR**
    - There is *no preferred product that is appropriate* to use for the condition being treated; **OR**
    - The prescriber states that the recipient is currently using the requested medication **AND** one of the following applies:
        - There is evidence in pharmacy claims of at least 60 days of the requested medication within the previous 90-day period; **OR**
        - There is evidence in pharmacy claims of less than 60 days of the requested medication **AND** the prescriber states the recipient has been treated with the requested medication in an inpatient facility; **OR**
        - There is evidence in pharmacy claims of less than 60 days of the requested medication **AND** the prescriber has verified that the pharmacy has dispensed at least 60 days of medication (billed to other insurance, and therefore not viewable in pharmacy claims); **AND**
- By submitting the authorization request, the prescriber attests to the following:
    - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
    - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**

- The recipient has no concomitant drug therapies or disease states medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Approval Criteria for Initial and Reauthorization Requests for ALL SNRIs (Preferred and Non-Preferred) When Requested for Behavioral Health for Recipients Younger Than 7 Years of Age

- **ONE** of the following is true and is **stated on the request**:
  - The recipient has been treated in the past or is *currently receiving treatment with the requested medication with a positive response to treatment without evidence of adverse effects*, and this information is stated on the request; **OR**
  - The recipient has not previously used this medication; however, the prescriber is citing references supporting the use of the medication for the recipient's age and diagnosis (for example, a peer-reviewed journal article demonstrating the safety and efficacy of the requested medication for the indication); **OR**
  - **ALL** medication options that are appropriate for both the age and diagnosis of this recipient:
    - have been tried, resulting in **EITHER** *treatment failure* **OR** *intolerable side effects;* **OR**
    - have not been tried because of a *documented contraindication to the remaining medication options that are appropriate for the age and condition being treated;* **AND**
- There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**
- For a non-preferred agent, the following conditions apply:
  - The recipient has had *treatment failure* with at least one preferred product; **OR**
  - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
  - The recipient has a *documented contraindication* to all of the preferred products that are appropriate for the condition being treated; **OR**
  - There is *no preferred product that is appropriate* to use for the condition being treated; **OR**
  - The recipient is established on the medication with positive clinical outcomes; **AND**
- By submitting the authorization request, the prescriber attests to the following:
  - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
  - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
  - If the requested medication is being added to any other behavioral health medication, the recipient has been adherent to the established medication therapy without adequate resolution of symptoms; **AND**

- The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of initial and reauthorization approval: **12 months**

References

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; https://www.clinicalkey.com/pharmacology/

DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey L. eds. Pharmacotherapy: A Pathophysiologic Approach, 10e New York, NY: McGraw-Hill; https://accesspharmacy.mhmedical.com/book.aspx?bookid=1861

Revision / Date	**Implementation Date**
Single PDL Implementation	May 2019
Separated "Select Therapeutic Classes with Established Recent Claims" into individual therapeutic class documents / November 2019	January 2020
Modified to apply new age requirement for behavioral health clinical authorization, updated references / December 2020	January 2021
Formatting changes, removed specific brand for duloxetine, updated references / September 2021	January 2022
Added wording for use of Lidoderm® / November 2022	January 2023