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:	**PRODUCT(S):** Medicaid
REVIEWED/REVISED DATE: 10/13, 04/14, 11/14, 11/15, 02/16, 09/16, 01/17, 07/17, 07/18, 07/20, 12/20, 12/21, 06/22, 05/23	
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 PDL that are filled in an outpatient pharmacy setting. The Prior Authorization (PA) and Medical Necessity (MN) LHCC utilizes the LDH Medical Necessity criteria to promote the most appropriate utilization of certain medications when no other LDH or LHCC clinical criteria exists or when the request is for an off-label indication. The criteria for approval hashave 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 representation on the DUR board. LHCC's Prior Authorization (PA) process that complies with 42 CFR § 438.3(s)(6).

When no LDH clinical criteria exists, LHCC will maintains a PA criteriaPA criterion, that is not more restrictive than LDH. These clinical criteria approvalThese clinical criteria's have been established by Clinical Pharmacy Advisory Committee (CPAC), in conjunction with the Louisiana Healthcare Connections and Centene Pharmacy Services Pharmacy and Therapeutics (P&T) Committee. All LHCC criteria are submitted to LDH for approval prior to implementation., the designated pharmacy benefit manager (PBM), and are approved through the Corporate Pharmacy and Therapeutics (P&T) Committee. The Corporate criteria must also be approved by LDH.

Commented [JS1]: Is this referring to the medical benefit? The MCO cannot add PA criteria on the pharmacy benefit that is not aligned with LDH.

Commented [ER2R1]: This paragraph has been removed since it pertains to medical benefit. Thank you

SCOPE:
Pharmacy Solutions Group, Louisiana Healthcare Connections (LHCC) Pharmacy Department, Louisiana Healthcare Connections Medical Management Department , Louisiana Department of Health (LDH) Pharmacy Medicaid and Centene Pharmacy Services.

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

POLICY:
It is the policy of LHCC 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.

~~LHCC requires prior authorization of drugs with a non-preferred status on the PDL.~~

LHCC requires a provider to submit a PA request containing appropriate clinical information as it relates to the medication request. The LDH required universal PA form should be used when faxed PA request are made. Approval of the request will be determined if the rationale is or is not consistent with the LDH or LHCC developed criteria.

LHCC shall:

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 shall 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 crieria 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. ~~LHCC does not require~~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~~, through Centene Pharmacy Services when applicable,~~ will:

~~1. Take into consideration any PA issued prescription refills related to the original pharmacy service.~~
1. ~~6.3.4.1.3.~~ Notify the requesting practitioner of the approval or disapproval of the request within 24-hours, seven days a week. Denials ~~, once relevant MN or PA information is obtained from the prescriber.~~ Of prior authorization requests or offering of an alternative medication will be provided to the prescriber and member in writing.
    a. LHCC must maintain a 99.5% compliance rate with the 24-hour PA resolution requirement set by LDH.
2. ~~6.3.4.1.2.~~ 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. The toll-free number is 888-929-3790.
~~3. NOTE: The call center for PA requests will be subject to the provider call center standards set forth in the Model Contract Attachment G: Table of monetary Penalties – Pharmacy Prior Authorization and Step Therapy.Section 10 of the contract and monetary penalties set forth in Section 20 of the State contract.~~
4.2. ~~6.3.4.1.1.~~ Allow prescribers and pharmacies to submit PA requests by phone, fax, or automated process.
~~6.3.4.1.16. Do not penalize the prescriber or member, financially or otherwise, for PA requests or other inquires regarding prescribed medications.s.~~
~~5.1. LHCC requires prior authorization of drugs with a non-preferred status on the PDL.~~
~~6.3.4.1.3. Offer an alternative medication for denials of prior authorization requests to the prescriber and/or member in writing.LHCC does not prior authorize drugs with a preferred status on the PDL, except to align with FFS clinical edits.~~
~~For self-administered drugs, LHCC does not prior authorization drugs on the PDL, except to align with FFS clinical edits or as otherwise directed by LDH.~~
3. ~~LHCC may prior authorize drugs when safe 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 prior authorization criteria and/or step therapy related to the preference of one agent over another agent within the therapeutic class listed on the PDL is not more restrictive than FFS.~~

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Commented [JS4]: Please clarify how the call center standards are set forth in the Table of Monetary Penalties. Does this even need to be included here?
Commented [ER5R4]: Agreed, no relevance. Deleted from policy
Commented [JS6]: The word "not" is missing—the MCO contract states "shall not prior authorize drugs NOT on the PDL"…
Commented [ER7R6]: Clarified and moved up to "LHCC shall not" (b) for better organization

4. 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.
~~Prior authorization and/or other safety edits are allowed on physician-administered drugs.~~
5. If a PA is required for a narrow therapeutic index (NTI) drug, every effort should be made to verify if the member is currently on a specific brand/generic, then the PA shall be approved for the corresponding product. NTI drugs include: Aminophylline, Carbamazepine, Cyclosporin, Digoxin, Disopyramide, Ethosuximide, Flecainide, L-Thyroxine, Lithium, Phenytoin, Theophylline, Thyroid, Valproic Acids, and Warfarin.
6. ~~Prior authorization does not require more than two failures of preferred products.~~
7. LHCC overrides PA for select drug products or devices at LDH's discretion, including but not limited to, certain DUR initiatives.
8. ~~LHCC does not require PA for drugs with FDA indication for emergency contraception.~~

~~7. 6.3.4.1.17. Allow a~~LHCC allows a member to continue receiving a prescription drug that was on the State's PDL ~~and subsequently removed or changed. The~~and was removed from the PDL or changed from preferred to non-preferred status is allowed ~~member shall be permitted~~ to continue to receive that prescription ~~drug if it is determined to be medically necessary~~ for at least 60 days after notification. LHCC has 30 days after receipt of the NDC list to send out notifications of negative changes to prescribers and members. Brand/generic preference changes of the same drug entity do not constitute a negative PDL change. ~~LHCC must make that determination in consultation with the prescriber.~~

9.

10. ~~6.3.4.1.4~~ LHCC ~~shall have~~has an automated process that allows the pharmacy to dispense without PA ~~up to~~ for at least a~~a~~ 72 hour emergency supply of a product of full unbreakable package if requested. At a minimum, LHCC ~~the MCO shall~~ allows ~~two~~ consecutive emergency supply fills per prescription. LHCC ~~shall~~ reimburses the pharmacy for both the ingredient and the dispensing fee for both fills. Emergency fills may be include in a post payment review to identify misuse.

~~8.~~11. When a prescriber is requesting brand name medication that has a generic equivalent, LHCC may encourage the prescriber to complete the FDA Medwatch form. A Medwatch form is not required or considered in the PA review process of a brand drug.
~~6.3.4.1.15 LHCC does~~shall not require PA for a dosage change for any medications (including long-acting injectable antipsychotics) and other medication assisted treatment (including buprenorphine or buprenorphine/Naloxone), that have been previously authorized and/or approved by LHCC as long as the newly prescribed dose is within established FDA guidelines for that medication.
12. ~~LHCC does not require prior authorization to prefer a B-rated generic drug over an A-rated generic.~~
~~9.~~13. LHCC posts the statewide universal prior authorization form on our LHCC website and the form is utilized as specified in Act 423 of the 2018 Louisiana Regular Session. 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. LHCC requires prescribers to utilize the LDH form and criteria for these specialty classes filled in the outpatient pharmacy setting.

~~10.~~14. ~~6.3.6.~~ Psychiatric Facility Discharge Medication
LHCC shall contract 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. ~~6.3.6.1.~~ Prior to discharge, LHCC shall be informed of the recipient's discharge medications. LHCC will then be responsible to override or allow all behavioral health discharge medications to be dispensed by overriding prior authorization restrictions for a ninety (90) day period. ~~6.3.6.3.~~ This includes, but is not limited to, naloxone, Suboxone, and long-acting injectable anti-psychotics.
b. ~~6.3.6.2~~ 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 LHCC will provide a prior authorization override for a ninety (90) day period from the date of discharge as long as the member presents the prescription within ninety (90) days of being discharged from a psychiatric and/or residential substance use facility.

15. For an emergency, specific changes are determined by LDH and may include:
~~c.~~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:

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1. ~~6.3.3.2.~~ The PDL ~~shall be~~is established by LDH and indicate the preferred and non-preferred status of covered drugs.
2. 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. A form for submission of a PA or MN request is posted on LHCC website (see Attachment A: Universal Prior Authorization Form).
3. Initial PA and MN requests will be reviewed by a Certified Pharmacy Technician (CPT) or a licensed clinical pharmacist at Centene Pharmacy Services for a determination of meeting criteria. For requests that meet initial screening criteria, an authorization for approval will be entered in the Centene Pharmacy Services application and the prescriber will be notified that approval has been granted.
4. When a request does not meet criteria, it will be forwarded to a licensed Centene Pharmacy Services clinical pharmacist for a final determination. Clinical pharmacists will review all denials.
5. ~~6.3.4.1.3~~ PA and MN requests are responded to within 24 calendar hours when all necessary and requested information is supplied. 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. NOTE If the request does not contain sufficient information to make an informed decision, the Centene Pharmacy Services reviewer notifies the prescriber via fax and documents the request for additional information. If additional information is not received within the original 24 hour timeframe to allow the Centene Pharmacy Services reviewer to make an informed decision, a denial notification is completed in accordance with the process described above (see LA.PHAR.OP.06 –PBM Inquiry for Additional Information).
6. ~~6.3.4.1.3.~~ 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).
7. ~~13.7.2.2.~~ The member denial letter is mailed to the member by Centene Pharmacy Services or the LHCC upon receipt within 2 business days of the denial decision. 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. Upon request by LHCC, Centene Pharmacy Services will provide copies of all member denial letters on a daily basis, for the previous day, via an automated process.
8. ~~8.6.10.~~ The prescriber or the member may request reconsideration of any denial made by Centene Pharmacy Services or LHCC Medical Director. A record of all denials is maintained by Centene Pharmacy Services and/or LHCC as applicable. A request for reconsideration containing new or additional information is processed by Centene Pharmacy Services as a new request and tracked independently of the initial PA request. At minimum a 72 hour supply is available any time there is a delay in the review process.
9. LHCC does 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.

APPEAL PROCEDURE: ~~Contract 13.0~~

1. The prescriber or a member of the prescriber's staff may call, write, or fax ~~the Centene Pharmacy Services Clinical Pharmacy Department to request coverage authorization~~LHCC Grievances and Appeals team to~~,~~ request ~~an~~to appeal ~~o~~an ~~an~~ adverse coverage determination~~, decline the request to prescribe a PDL alternative therapy, and/or refuse to supply additional information supporting the original request for coverage.~~
2. ~~An Centene Pharmacy Services clinical pharmacist will review any disputed denial or appeal to ensure appropriateness and will forward appeals to LHCC Appeals Department.~~
2. An outreach to the prescriber may be made by the Louisiana Healthcare ~~Connections Pharmacist~~Appeals Team member and/or Medical Director, ~~as deemed appropriate~~if needing to obtain missing/additional information.
3. All final appeal decisions are made by a LHCC Medical Director.
    a. ~~The~~ The denial may be overturned at any time during the appeal review process and an authorization for approval will be entered in the ~~Centene Pharmacy Services~~pharmacy claims system ~~application.~~ ~~Both~~ member and ~~provider~~ prescriber are notified in the event that a denial has been overturned.
    b. ~~A final determination for any appeal of denials will be made by the Louisiana Healthcare Connections Medical Director and A~~an appeal denial letter will be ~~forwarded~~ sent to both the prescriber and the member.
    ~~b.~~c. Documentation of the review and the generation of appeal ~~denial~~ letters are kept by ~~Louisiana Healthcare Connections.~~LHCC.

REFERENCES:

~~2020 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.3~~
~~CC.COMP.42_ACA 1557 Nondiscrimination in Health Programs Activities~~

~~CC.PHARM.31 Creating and Revising Drug Prior Authorization Policies~~
~~CC.PHARM.03A Medicaid Prior Authorization Review Process~~
~~LDH Medical Necessity Criteria 7/2021~~
~~LA.QI.11.03 Appeals Process~~
Louisiana Healthcare Connections Louisiana Department of Health Approved (Model) Contract 2023
Louisiana Medicaid Managed Care Organization (MCO) Manual ~~4.26.2023~~07.20.2023
Louisiana PDL, clinical criteria, PA forms, etc https://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf

Field Code Changed

ATTACHMENTS:

Attachment A: Universal Prior Authorization Form

UniversalPharmacyPriorAuthorizationFo...

Medically.Necessary Criteria - Updated 7

ROLES & RESPONSIBILITIES: N/A

REGULATORY REPORTING REQUIREMENTS:
HB 434, Act 319 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 Under Attachments: Changed the name of Attachment A to Bayou Health Pharmacy Prior Authorization Form	10/13
Revised	As part of the PA process, added US Script functions when applicable Attached updated Bayou Health PA form	04/14
Annual Review	Revisions made per RFP requirements	11/14
Annual Review	BH Integration 2015 Policy Update	12/15
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	02/16
Annual	Annual Review, No Changes	09/16
Revised	Changed US Script to Envolve Pharmacy Solutions	01/17
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”.	07/17
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;	07/18
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.	07/20
Annual	Annual Review – Changes Needed (Approved by LDH)	12/20
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.	12/21

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.	06/22
Annual	Updated to new P&P Template. Changed from LA.PHAR.08 to LA.PHAR.OP.08 Reworded Purpose section. Updated Scope section. U, updated Policy and Procedure sections to align with the per2023 LDH Model Contract and updated policy section to reflect updated 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)	05/23
Revisions	Cleaned up language to match MCO Manual and edits per LDH, reformatted document to improve readability	07/23

POLICY AND PROCEDURE APPROVAL

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