Prior Authorization

MCO prior authorization (PA) criteria shall align with FFS for drugs on the Single PDL that were filled in an outpatient pharmacy setting. LDH intends to align FFS and MCO criteria for drugs not on the Single PDL over time through the DUR board. The MCO shall have input on PA criteria development and representation on the DUR board. The MCO shall have a PA process that complies with 42 C.F.R. § 438.3(s)(6) and the following requirements.

- The MCO shall allow prescribers, and may allow pharmacies at the MCO's discretion, to submit PA requests by phone, fax or an automated process.
- The MCO shall provide access to a toll-free call center for prescribers to call to request PA for non-preferred drugs or drugs that are subject to clinical edits. If the MCO or its pharmacy benefit manager operates a separate call center for PA requests, it will be subject to the provider call center standards and monetary penalties set forth in the Contract.
- PA requests shall be approved or denied within 24 hours of receipt, seven days a week. The MCO shall notify the requesting practitioner of the approval or disapproval of the request within 24 hours. Denials of prior authorization requests or offering of an alternative medication shall be provided to the prescriber and enrollee in writing. PA denials may be appealed in accordance with the Contract.

Consistent with the requirements of Section 1927 of the Social Security Act, LDH will hold MCOs to a 99.5% compliance rate with the 24-hour PA resolution requirement. If an MCO is reporting less than 99.5% compliance on the RX055 report, justification shall be included with the report in the notes section.

The MCO shall have an automated process that allows the pharmacy to dispense without PA ~~up to~~ at least a 72-hour emergency supply of a product or full unbreakable package. At a minimum, the MCO shall allow two emergency supply fills per prescription. The MCO shall reimburse the pharmacy for both the ingredient and the dispensing fee for both fills. Emergency fills may be included in a post payment review to identify misuse.

The MCO shall prior authorize drugs with a non-preferred status on the PDL.

The MCO shall not prior authorize drugs with a preferred status on the PDL, except to align with FFS clinical edits.

For self-administered drugs, the MCO shall not prior authorize drugs not on the PDL, except to align with FFS clinical edits or as otherwise directed by LDH.

The MCO may 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. Drug utilization edits aligned through DUR initiatives shall be adhered to; however, safety and utilization edits outside of DUR initiatives may be aligned with FDA indications.

MCO prior authorization criteria and/or step therapy related to the preference of one agent over another agent within a therapeutic class listed on the PDL shall not be more restrictive than FFS.

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Prior authorization and/or step therapy shall not be 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.

If a PA is requested for a narrow therapeutic index (NTI) drug, every effort should be made to verify if the enrollee is currently on a specific brand/generic, then the PA shall be approved for the corresponding product. NTI drugs include: Aminophylline, Carbamazepine, Cyclosporine, Digoxin, Disopyramide, Ethosuximide, Flecainide, L-Thyroxine, Lithium, Phenytoin, Theophylline, Thyroid, Valproic Acid, and Warfarin.

Prior authorization shall not require more than two failures of preferred products.

The MCO shall override PA for selected drug products or devices at LDH's discretion, including but not limited to certain DUR initiatives.

The MCO shall not require PA for drugs with FDA indication for emergency contraception.

The MCO shall not require PA for a dosage change for any medications (including long-acting injectable antipsychotics) and other medication assisted treatment (including dosages of buprenorphine or buprenorphine/naloxone) 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.

The MCO shall not penalize the prescriber or enrollee, financially or otherwise, for PA requests or other inquiries regarding prescribed medications.

An enrollee receiving a prescription drug that was on the PDL and was removed from the PDL or changed from preferred to non-preferred status shall be allowed to continue to receive that prescription drug for at least 60 days after notification. The MCO shall have 30 days after receipt of the NDC list to send out notifications of negative changes to prescribers and enrollees. Brand/generic preference changes of the same drug entity do not constitute a negative PDL change.

When a prescriber is requesting brand name medication that has a generic equivalent, the MCO can encourage a prescriber to complete the FDA Medwatch form. A Medwatch form shall not be required or considered in the PA approval/denial determination of a brand drug.

Prior authorization shall not be utilized to prefer a B-rated generic drug over an A-rated generic.

The statewide universal prior authorization form shall be posted and utilized as specified in Act 423 of the 2018 Louisiana Regular Session. In order to obtain necessary information for prior authorization 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®. MCOs shall utilize the LDH form and criteria for these specialty classes filled in the outpatient pharmacy setting.

The MCO shall adhere to the provisions of La. R.S. 46:153.3(C)(1) which exempt HIV/AIDS drugs from the prior authorization process.

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