

Retail (Outpatient) Pharmacy Authorization Processes

As part of helping to manage our member's care, Louisiana Healthcare Connections reviews prior authorizations for pharmacy benefit drugs. Express Scripts, Inc (ESI) is the pharmacy benefits manager (PBM) for Louisiana Healthcare Connections. ESI processes pharmacy claims and supports pharmacy enrollment in our network.

When submitting pharmacy claims for Louisiana Healthcare Connections members, pharmacies should use the following processing details:

- BIN: 003858
- PCN: MA
- Group: 2ENA

How do I know which drugs require a prior authorization?

Louisiana Healthcare Connections follows the Louisiana Medicaid Single Preferred Drug List (PDL). The PDL is developed by the Louisiana Department of Health (LDH) and outlines which medications are covered, along with any applicable limitations or PA requirements.

Review the [Louisiana Medicaid Single PDL \(Fee For Service and Managed Care Organizations\) \(PDF\)](#) online to find more information on the drugs that are covered, with any applicable limitations or prior authorization requirements: <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>.

Certain medications require prior authorization (PA) to be approved for payment by Louisiana Healthcare Connections. These include:

- All non-preferred medications listed in the Non-Preferred column of the Louisiana Medicaid Single Preferred Drug List (PDL)
- Some preferred medications that have clinical criteria, indicated in the “criteria” link on each class of the PDL

How do I submit a prior authorization for a retail pharmacy drug?

PA decisions are made within 24 hours from when all clinical information is received from the prescriber. There are multiple ways for a provider to submit a PA for a drug:

- ✓ By Phone at 1-866-595-8133
- ✓ By Fax to 1-833-645-2733 using the [Louisiana Uniform Prescription Drug Prior Authorization Form](#)

Louisiana Uniform Prescription Drug Prior Authorization Form

The Louisiana Medicaid fee-for-service (FFS) pharmacy program and Medicaid's managed care organizations (MCOs) require prescribers to use the Louisiana Uniform Prescription Drug Prior Authorization Form. This form can be found on our website at www.louisianahealthconnect.com/providerresources.

If my patient and I disagree with the denial decision, how do I appeal the PA denial?

If the request is denied, information about the denial will be faxed to the provider and mailed to the member. Appeals should be directed to Louisiana Healthcare Connections' Appeals Department. Appeals must be requested within 60 days of the denial and submitted with a complete appeal, including a signed "Appeal Representative" form.

All appeals are addressed within 30 days, with an average processing time usually around 15 days. Provider notification is made both verbally and in letter correspondence.

To Contact the Louisiana Healthcare Connections Appeals Department — Phone: 1-866-595-8133, Fax: 1-877-401-8170