

To: AmeriHealth Caritas Louisiana Providers

Date: July 29, 2021

Subject: Specialty Drugs Prior Authorization (PA) Criteria

Summary: Specialty Drugs PA Criteria policy approved by Louisiana Department of Health

AmeriHealth Caritas Louisiana would like to make you aware of the attached policy that has been approved by the Louisiana Department of Health in accordance with La. R.S. 46:460.54 and **will become effective August 30, 2021.**

Questions: Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

Missed an alert?

You can find a complete listing of provider alerts on the [Provider Newsletters and Updates](#) page of our website.

Where can I find more information on COVID-19?

AmeriHealth Caritas Louisiana has updated its website to streamline communications and important notifications about COVID-19. Please visit <http://amerihealthcaritasla.com/covid-19> for up-to-date information for both providers and members, including frequently asked questions, and important provider alerts from AmeriHealth Caritas Louisiana and the Louisiana Department of Health.

Field Name	Field Description
Prior Authorization Group Description	Emergency Use Authorization (EUA) Drugs/Products for COVID-19
Drugs	Olumiant (baricitinib) Veklury (remdesivir) Bamlanivimab <u>Etesevimab</u> Casirivimab <u>and</u> Imdevimab Or any newly approved drug/product by EUA for COVID-19
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Emergency Use Authorization for the drug/product in question, and the Drug Package Insert (PPI).
Exclusion Criteria	See “Other Criteria”
Required Medical Information	See “Other Criteria”
Age Restrictions	As outlined within current FDA Emergency Use Authorization (EUA) guidelines
Prescriber Restrictions	N/A
Coverage Duration	As outlined within current FDA Emergency Use Authorization (EUA) guidelines
Other Criteria	Emergency Use Authorization for COVID-19 related drugs/products (all must apply): <ul style="list-style-type: none"> • The requested drug/product has a currently active Emergency Use Authorization as issued by the U.S. Food and Drug Administration. • Use of the requested drug/product is consistent with the current terms and conditions of the emergency use authorization (such as appropriate age/weight, disease severity, concurrent use with other medications or medical interventions, etc.). • Attestation that the requested drug/product was purchased by the entity seeking payment (not provided at no charge by the U.S. government).
Revision/Review Date <u>11/2020 5/2021</u>	Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.