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State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: June 15, 2026

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Seth Gold, Medicaid Executive Director Initial
SG

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Age Limits and Concurrent Use Edit – July 2026

Effective July 1, 2026, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs), in consultation with the Drug Utilization Review (DUR) Board, will implement new Point of Sale (POS) edits for select medications. The edits apply to pharmacy claims submitted to Gainwell Technologies for FFS and to the Pharmacy Benefits Manager (PBM) for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, and Louisiana Healthcare Connections).

Point of Sale Requirements for Celecoxib Oral Suspension (Vyscoxa™)

Pharmacy claims for celecoxib oral suspension (Vyscoxa™) will deny if:

- The recipient is less than 60 years of age on the date of service; **AND**
- **The recipient has no active prescription(s)** on file for **any** of the following medications:
 - H2 antagonists
 - Proton pump inhibitors
 - Oral or injectable anticoagulants (except oral Factor Xa Inhibitors)
 - Oral steroid (at least a 30-day supply indicating chronic use)

Pharmacy claims submitted for celecoxib oral suspension (Vyscoxa™) which do not meet the above-mentioned criteria will deny with the following:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB code 531 (Drug Use Not Warranted)

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After consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) – **NN** (Unnecessary Drug)

NCPDP 440-E5 field (Professional Service Code) – **MØ** (Prescriber Consulted)

NCPDP 441-E6 field (Result of Service Code) – **1G** (Filled with Prescriber Approval)

Additional Information:

Refer to <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf> for the PDL, which is inclusive of the *Louisiana Uniform Prescription Drug Prior Authorization Form*, medication list, criteria, and diagnosis code list.

If you have questions about the content of this memo, you may contact the FFS pharmacy help desk by phone at (800) 437-9101.

FFS pharmacy claims should be submitted to Gainwell Technologies. MCO pharmacy claims should be submitted to the appropriate PBM listed in the chart below.

If you have questions about pharmacy claims billing, you may contact the appropriate MCO at their pharmacy help desk listed in the chart below.

Health Plan	PBM	Provider Claims/Billing Issues
Aetna Better Health	CVS Caremark	1(855) 364-2977
AmeriHealth Caritas	PerformRx	1(800) 684-5502
Healthy Blue	Carelon RX (MCO) Carrier Name: VOYRX- LA Medicaid	1(833)-485-6236
Humana	Humana Pharmacy Solutions Inc.	1(833) 252-1677
Louisiana Healthcare Connections	Express Scripts	1(833) 750-4451

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Please forward this notice to other providers to assist with notification. Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

SY/SF/RB/GJS

cc: Gainwell Technologies
Healthy Louisiana MCOs
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Sharon Yeske
Sue Fontenot