




State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: July 29, 2025

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Kimberly Sullivan, Medicaid Executive Director 

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Age Limits and
Prior Drug Use Edits – August 2025

Effective August 1, 2025, 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 Prime Therapeutics State Government Solutions, LLC (Prime) for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

Point of Sale Edits:

1.) Age Limits

a.) Fezolinetant (Veozah™)

Incoming pharmacy claims for fezolinetant (Veozah™) will deny when the recipient is less than 18 years of age on the date of service.

b.) Suzetrigine (Journavx™)

Incoming pharmacy claims for suzetrigine (Journavx™) will deny when the recipient is less than 18 years of age on the date of service.

Pharmacy claims which do not meet the required age limit will deny with:

- Denial from Gainwell Technologies (FFS Only): **NCPDP rejection code 60** (Product/Service Not Covered for Patient Age) mapped to **EOB Code 234** (P/F Age Restriction).
- Denial from Prime (MCO Only): **NCPDP denial code 60** (Product/Service Not Covered for Patient Age) mapped to **internal error code 2193**.

FFS Only: Do not allow provisions for overrides through Point of Sale (POS), other than the emergency override with a “03” in NCPDP field 418-DI (Level of Service) specifying an emergency.

MCO: *The override procedure will be a PA process.*

2.) Prior Drug Use Requirement for Gabapentin (Horizant® or Gralise®)

An incoming pharmacy claim for gabapentin (Horizant® or Gralise®) will deny if there is no evidence in paid pharmacy claims of at least a 60-day supply of an immediate-release gabapentin formulation (capsule, tablet or oral solution) in the previous 180-day period or at least one paid pharmacy claim for the incoming pharmacy claim in the previous 180-day period.

- If the incoming claim is for Gralise (brand or generic), the pharmacy POS system verifies that there has been at least a 60-day supply of an immediate-release gabapentin formulation (capsule, tablet or oral solution) in the previous 180-day period OR at least one paid pharmacy claim for Gralise (brand or generic) in the previous 180-day period.
- If the incoming claim is for Horizant, the pharmacy POS system verifies that there has been at least a 60-day supply of an immediate-release gabapentin formulation (capsule, tablet or oral solution) in the previous 180-day period OR at least one paid pharmacy claim for Horizant in the previous 180-day period.

If there is no evidence in paid pharmacy claims, the incoming claim will deny with:

- Denial from Gainwell Technologies (FFS Only): **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB Code 531** (Drug Use Not Warranted).
- Denial from Prime (MCO Only): **NCPDP denial code 608** Alternate (Alt) Drug Therapy Required to Substitute Product (Sub Prod) ID mapped to **internal error code 50831**.

Message: Prior Use of immediate-release gabapentin capsules for at least 60 days OR at least one paid pharmacy claim for Gralise (brand or generic) in the previous 180-day period for a Gralise claim OR at least one paid pharmacy claim for Horizant in the previous 180-day period for a Horizant claim.

Pharmacist may override at POS using ProDUR codes if appropriate.

FFS and MCO: The pharmacist may override the denial by submitting the following override codes 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 Prime.

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

Healthcare Provider	Pharmacy Help Desk	Pharmacy Help Desk Phone Number
Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, UnitedHealthcare	Prime	(800) 424-1664
Fee for Service	Gainwell Technologies	(800) 648-0790

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.

KS/RB/SF/GJS

c: Gainwell Technologies
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