




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

MEMORANDUM

DATE: March 26, 2026
TO: All Louisiana Medicaid Prescribing Providers and Pharmacists
FROM: Seth Gold, Medicaid Executive Director 
SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Age Limits and
Prior Use Edits – April 2026

Effective April 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 Edits:

1. Age Limits for Nalmefene Injection (Zurnai™)

Incoming pharmacy claims for nalmefene injection (Zurnai™) will deny when the recipient is less than 12 years of age on the date of service.

Pharmacy claims that do not meet the respective age limits 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 Plan (MCOs Only): The pharmacy claim will deny with an **NCPDP rejection code**.

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 is a Prior Authorization process.*

2. Prior Use

a.) Roflumilast (Zoryve™)

Pharmacy claims for roflumilast Zoryve™ will require at least ONE paid claim in the previous 180-day period for:

- Roflumilast (Zoryve™); **OR**
- Calcipotriene cream, foam, ointment, solution (Generic); **OR**
- Calcipotriene/Betamethasone Dipropionate ointment, suspension (Generic); **OR**
- Calcitriol ointment (Generic).

If there is no evidence of a prior use of any of these medications within the previous 180 days, claims submitted for roflumilast (Zoryve™) will reject at the POS with the following:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB Code 563 (Req Prior Use of Other Med(s)-See PDL).

Override available upon 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) **PP** (Plan Protocol)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

b.) Delgocitinib (Anzupgo®)

Pharmacy claims for delgocitinib (Anzupgo®) will require at least ONE paid claim in the previous 180-day period for:

- Delgocitinib (Anzupgo®); **OR**
- Topical corticosteroid

If there is no evidence of a prior use of any of these medications within the previous 180 days, claims submitted for delgocitinib (Anzupgo®) will reject at the POS with the following:

NCPDP rejection code 88 (DUR Reject Error) **mapped to**
EOB Code 563 (Req Prior Use of Other Med(s)-See PDL)

Override available upon 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) **PP** (Plan Protocol)
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

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