



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

**MEMORANDUM**

**DATE:** October 3, 2018  
**TO:** All Louisiana Medicaid Prescribing Providers and Pharmacists  
**FROM:** Jen Steele, Medicaid Director  
**SUBJECT:** Louisiana Medicaid Fee for Service (FFS) Pharmacy Clinical Pre-Authorization for Pyrimethamine (Daraprim®)

Effective October 17, 2018, the Louisiana Department of Health (LDH) Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (LADUR) Board will implement a clinical pre-authorization requirement for pyrimethamine (Daraprim®).

**Clinical Pre-Authorization Requirement**

Pharmacy claims for pyrimethamine (Daraprim®) will be reimbursed at Point of Sale (POS) when the prescriber has obtained an approved clinical pre-authorization. Prescribers must complete the Pharmacy Clinical Pre-Authorization Form in full and fax it to 1-866-797-2329.

Pharmacy claims submitted without an approved clinical pre-authorization will deny at Point of Sale (POS) with:

**NCPDP reject code 88** (DUR Reject Error) mapped to  
**EOB code 066** (Clinical Pre-Authorization Required).

Override provisions should be addressed through the Clinical Pre-Authorization process.

Refer to [www.lamedicaid.com](http://www.lamedicaid.com) for the Pharmacy Clinical Pre-Authorization Form.

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

If you have questions about pharmacy claims billing, you may contact the Molina pharmacy help desk at (800) 648-0790.

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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.

JS/MBW/GJS

c: Healthy Louisiana Plans  
Melwyn B. Wendt  
Molina