



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

M E M O R A N D U M

DATE: December 4, 2025

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Seth Gold, Medicaid Executive Director *Seth Gold*

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Age Limits and Therapeutic Duplication Edits – January 2026

Effective January 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, Louisiana Healthcare Connections, and UnitedHealthcare).

Point of Sale Edits:

1.) Age Limits

a) Berdazimer (Zelsuvmi™)

Incoming pharmacy claims for berdazimer (Zelsuvmi™) will deny when the recipient is less than 1 year of age on the date of service.

b) Misoprostol

Incoming pharmacy claims for misoprostol will deny when the recipient is less than 18 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.) Therapeutic Duplication

a.) Tirzepatide (ZepboundTM)

An incoming pharmacy claim for tirzepatide (ZepboundTM) will reject with a therapeutic duplication if the recipient has another active GLP-1 Receptor Agonist or DPP-4 Inhibitor prescription on file.

b.) Sitagliptin Oral Solution (BrynovinTM)

An incoming pharmacy claim for sitagliptin oral solution (BrynovinTM) will reject with a therapeutic duplication if the recipient has another active DPP-4 Inhibitor or GLP-1 Receptor Agonist prescription on file.

Pharmacy claims with a therapeutic duplication will deny with:

- Denial from Gainwell Technologies (FFS Only): NCPDP rejection code 75 (THER DUP-PA REQ) mapped to EOB Code 502 (Therapeutic Dup, MD to fax PA form to 866-797-2329).
- Denial from Plan (MCOs Only): The pharmacy claim will deny with an **NCPDP rejection code**.

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.

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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
UnitedHealthcare	Optum RX	1(866) 328-3108

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.

BB/RB/SF/GJS

c: Brandon Bueche
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Healthy Louisiana MCOs
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