




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

MEMORANDUM

DATE: May 27, 2025

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Kimberly Sullivan, Medicaid Executive Director 

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Clinical Authorization
and Updates – June 2025

Effective June 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 clinical authorization for select medications. The authorization applies 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).

1.) Point of Sale Clinical Authorization Requirement

Pharmacy claims for the following select agents require clinical authorization.

- Acoramidis (Attruby™)
- Cenegermin-bkbj (Oxervate™)
- Crinecerfont (Crenessity™)
- Foscarbidopa/Foslevodopa (Vyalev™)
- Lidocaine HCL (Lidotral™)
- Dermacin Rx Multivitamins (Multitam™) & (Davimet™)
- Sofpironium (Sofdra™)
- Ustekinumab-kfce (Yesintek™)
- Vanzacaftor, Tezacaftor, & Deutivacaftor (Alyftrek™)

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

- Denial from Gainwell Technologies (FFS Only): **NCPDP rejection code 75** (Prior Authorization Required) mapped to **EOB code 066** (Clinical Authorization Required).

FFS override provisions should be addressed through the Clinical Authorization process.

- Denial from Prime (MCO Only): **NCPDP rejection code 75** (Prior Authorization required) with additional message: Clinical Authorization required. Please call 1-800-424-1664.

2.) Clinical Criteria and Point of Sale Updates

- Antidepressant, Other – esketamine (Spravato™) – Revised current clinical criteria to reflect expanded indication to allow for monotherapy when used for treatment-resistant depression.
- Cytokine and CAM Antagonists – Revised clinical criteria to reflect the new indication of Crohn's Disease for mirikizumab-mrkz (Omvo®).

Additional Information:

FFS and MCO: Most pharmacy claim denials can be overridden in emergency situations at Point of Sale. If it is necessary to override the claim, "03" can be entered in **NCPDP field 418-DI** (Level of Service).

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, and criteria.

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/MBW/GJS

cc: Gainwell Technologies
Healthy Louisiana Plans
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Prime Therapeutics State Government Solutions, LLC