



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 *Kimberly Sullivan*

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Duration of Therapy and Prior Drug Use Edit– 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 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.) Duration of Therapy Edit for Nicotine Patches

Nicotine patches are limited to a maximum 168-day duration of therapy in a rolling 365-day period. Pharmacy claims exceeding the maximum duration of therapy limit will deny with:

- Denial from Gainwell Technologies (FFS Only): **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB Code 656** (Exceeds Maximum Duration of Therapy).
- Denial from Prime (MCO Only): **NCPDP denial code 76** (Plan Limitations Exceeded) mapped to **internal error code 7003**.
Message: Max 168-day supply per 365 days.

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) - **MX** (Excessive Duration)

NCPDP 440-E5 field (Professional Service Code) - **MØ** (Prescriber Consulted)

NCPDP 441-E6 field (Result of Service Code) - **1G** (Filled with Prescriber Approval)

2.) Prior Drug Use Requirement for Carbinoxamine Maleate (Ryvent™)

An incoming pharmacy claim for carbinoxamine maleate 6mg (Ryvent™) or generic carbinoxamine 6mg will deny if there is no evidence in paid pharmacy claims of at least a 60-day supply of generic carbinoxamine 4mg tablets in the previous 180-day period. If there is no evidence of paid claim(s) for at least a 60-day supply of generic carbinoxamine 4mg tablets in the previous 180-day period, 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 carbinoxamine 4mg for at least 60 days.

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)

3.) Prior Drug Use Requirement for Tapinarof (Vtama®)

An incoming pharmacy claim for tapinarof (Vtama®) will deny if there is no evidence of at least one paid pharmacy claim for tapinarof (Vtama®) **OR** a topical corticosteroid **OR** a topical calcineurin inhibitor in the previous 180 days. If there is no evidence of paid claim(s) in the previous 180 days, the incoming claim for tapinarof (Vtama®) will deny with:

- Denial from Gainwell Technologies (FFS Only): **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB Code 281** (Prior Use of Topical Steroid/Calcineurin Inhibitor).

- 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**.

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) – **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)

Note: Pharmacy claims for tapinarof (Vtama®) submitted with a diagnosis code for plaque psoriasis (L40.0) will bypass the prior drug use requirement.

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

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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.

KS/MBW/GJS

c: Gainwell Technologies
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