



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

**MEMORANDUM**

**DATE:** April 1, 2024

**TO:** All Louisiana Medicaid Prescribing Providers and Pharmacists

**FROM:** Kimberly Sullivan, Medicaid Executive Director *KCS*

**SUBJECT:** Louisiana Medicaid Pharmacy Point of Sale Age Requirements-  
April 2024

Effective April 1, 2024, 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 age requirements at Point of Sale for select medications. The authorization applies to pharmacy claims submitted to Gainwell for FFS and to Magellan for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

**Point of Sale Age Requirement**

Pharmacy claims for the following select agents have age requirements.

Generic (Brand Example)	Minimum Age
Cantharidin (Ycanth™)	2 years
Nalmefene (Opvee®)	12 years
<b>GLP-1 Receptor Agonists**</b>	
Dulaglutide (Trulicity®)	10 years
Exenatide (Bydureon® BCise™)	10 years
Exenatide (Byetta®)	18 years
Liraglutide (Victoza®)	10 years
Semaglutide (Ozempic®, Rybelsus®)	18 years
Tirzepatide (Mounjaro®)	18 years

**\*\* An incoming claim for a GLP-1 Receptor Agonist not meeting the age requirement will require clinical prior authorization (PA) and a letter of medical necessity.**

An incoming pharmacy claim for any of the GLP-1 Receptor Agonists (in previous chart) will deny when the recipient is less than the required indicated age on the date of service with:

Denial from Gainwell (FFS Only): **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB code 66** (Clinical Authorization Required).

Denial from Magellan (MCO Only): **NCPDP denial code 75** (Prior Authorization Required) with additional message: Product age restriction. Clinical Pre-authorization required.

An incoming pharmacy claim for Ycanth™ or Opvee® will deny when the recipient is less than the indicated age on the date of service with the following:

Denial from Gainwell (FFS Only): **NCPDP rejection code 60** (Product/Service Not Covered for Patient Age) mapped to **EOB code 234** (P/F Age Restriction).

Denial from Magellan (MCO Only): **NCPDP rejection code 60** (Product/Service Not Covered for Patient Age).

**Additional Information:**

FFS and MCO Override: Do not allow provisions for overrides except the emergency override. The pharmacist may override the denial by entering **“03” in NCPDP field 418-DI (Level of Service)** specifying an emergency.

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 Magellan.

If you have questions about pharmacy claims billing, you may contact the appropriate plan at their pharmacy help desk listed in the chart below.

<b>Healthcare Provider</b>	<b>Pharmacy Help Desk</b>	<b>Pharmacy Help Desk Phone Number</b>
Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, UnitedHealthcare	Magellan	(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

c:      Healthy Louisiana Plans  
         Melwyn B. Wendt  
         Gainwell Technologies  
         Magellan