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
Dr. Courtney N. Phillips
SECRETARY

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

MEMORANDUM

DATE: December 16, 2022

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Tara A. LeBlanc, Medicaid Executive Director 

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Dispensing of Contraceptives

Effective January 1, 2023, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs), will implement an allowance of a 6 month supply for contraceptive agents when the recipient has a previous history of contraceptive agents. The 6 month allowance applies to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

Requirements

According to ACT 708 (HB557), Medicaid health plans are required to allow a six-month supply (180 days supply) of contraceptive drugs to be obtained at one time by the recipient, unless the following applies:

- the recipient requests a smaller supply **OR**
- the prescribing provider instructs for the recipient to receive a smaller supply.

Contraceptive drugs "is defined as all drugs approved by the United States Food and Drug Administration that are used to prevent pregnancy including but not limited to hormonal drugs administered orally, transdermally, and intravaginally."

The dispensing pharmacy can dispense a 6 month supply (180 days) of contraceptive drug as one claim. The recipient shall have used the same contraceptive drugs for at least the consecutive six months prior to receiving a six-month supply.

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If the recipient has not received at least 6 months of the currently prescribed contraceptive drug, the incoming pharmacy claim for a six-month supply will deny with the following:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

FFS Only: **NCPDP rejection code 88** (DUR reject error) mapped to
EOB code 363 (6 Months of Prior Use of Med Disp Req for 6-Mth Supply)

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, 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.

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	CVS Health	(855) 364-2977
AmeriHealth Caritas	PerformRx	(800) 684-5502
Fee for Service	Gainwell Technologies	(800) 648-0790
Healthy Blue	CVS	(833) 236-6194
Humana Healthy Horizons	Gainwell Technologies	(800) 648-0790
Louisiana Healthcare Connections	CVS Caremark	(800) 311-0543
UnitedHealthcare	Optum Rx	(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.

TL/MBW/GJS

c: Healthy Louisiana Plans
Melwyn B. Wendt
Gainwell Technologies