State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

M E M O R A N D U M

DATE: February 24, 2025

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Kimberly Sullivan, Medicaid Executive Director *KLS*

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Age Limit and Prior Drug
Use Edits – March 2025

Effective March 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, LLC for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

Point of Sale Edits:
1.) **Age Limit Edit for Phenobarbital Sodium (Sezaby®)**
Incoming pharmacy claims for phenobarbital sodium (Sezaby®) will deny when the recipient is one year of age or older on the date of service 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 Prime Therapeutics, LLC (MCO Only): **NCPDP rejection code 60** (Product/Service Not Covered for Patient Age) mapped to internal error code 2193.

2.) <u>Prior Drug Use Requirement for Paliperidone Palmitate (Erzofri™)</u>
An incoming pharmacy claim for paliperidone palmitate (Erzofri™) will deny if there is no evidence in paid claims of at least one claim of an oral or injectable paliperidone or risperidone product in the previous 365 days. If there is no evidence of paid claim(s) for an oral or injectable paliperidone or risperidone product in the previous 365 days, the incoming claim will deny with:

- <u>Denial from Gainwell Technologies (FFS Only):</u> **NCPDP rejection code 88 (DUR Reject Error)** mapped to **EOB code 531** (Drug Use Not Warranted).

- <u>Denial from Prime Therapeutics, LLC (MCO Only):</u> **NCPDP 608 (Alternate Drug Therapy Required Prior to Submitted Product Identification) mapped to internal error code: 50831** *Prior Use of an oral or injectable form required. Pharmacist may override at POS using ProDUR codes, if appropriate.*

<u>MCO and FFS:</u> After consultation with the prescriber, 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)

<u>Additional Information</u>:
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 Therapeutics, LLC.

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 Therapeutics, LLC	(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: Gainwell Technologies
        Healthy Louisiana Plans
        Kolynda Parker
        Melwyn B. Wendt
        Prime Therapeutics, LLC