Aetna Better Health® of Louisiana

Appendix C: Pharmacy

Last updated: 01-03-2026

Table of Contents

Section 1: Pharmacy Overview, Criteria, and Limitations

Aetna Better Health of Louisiana covers prescription medications and certain over-the-counter medicines for members enrolled in a plan with Pharmacy Benefits. The Pharmacy Benefit is administered through CVS CareMark. CVS Caremark is responsible for pharmacy network contracting and network Point-of-Sale (POS) claim processing. Aetna Better Health of Louisiana follows the state's Single Preferred Drug List (SPDL), drug utilization review, and prior authorization criteria.

For a list of preferred drugs listed within the therapeutic classes, please visit the state's website at **https://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf** or **AetnaBetterHealth.com/Louisiana** under What's Covered, then Benefits Details, then Pharmacy and Prescription Drugs.

For a full description of the Louisiana Medicaid Pharmacy Program, please see the **Pharmacy Benefits Management Services** chapter of the LDH provider manual.

Payment will be made for prescription services only when issued by a licensed prescribing practitioner who has an active Medicaid prescriber number.

Monthly Service Limit

Limit

Medicaid reimburses up to four prescriptions per calendar month per beneficiary. Claims including those for emergency prescriptions and PA prescriptions that are in excess of four per calendar month per beneficiary will be denied.

Exceptions to Limit

The following federally mandated beneficiary groups are exempt from the 4 prescriptions per calendar month limitations:

1. Persons under 21 years of age;
2. Persons who are residents of long-term care institutions, such as nursing homes and Individuals with Intellectual Disabilities (ICF/IID) facilities; and
3. Beneficiaries who are pregnant.

Limit Override

The four prescriptions per month limit can be exceeded when the prescriber determines an additional prescription is medically necessary and communicates the following information to the pharmacist on the hard prescription, by telephone or other telecommunications device:

1. Medically necessary override; and
2. Valid diagnosis code that directly relates to each drug prescribed that is over the four prescription limit (an International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM, or its successor) literal description is not acceptable).

For a detailed list of instructions on the limit override process, please see the Pharmacy chapter of the LDH provider manual.

Quantity Limitations

The maximum coverage for prescription medications is either one-month's supply or 100 unit doses, whichever is greater.

Act 246: Revision of Schedule IV Controlled Dangerous Substance Drugs

Effective October 1, 2024, the state of Louisiana revised the list of Schedule IV controlled dangerous substance drugs to include Mifepristone and Misoprostol. In accordance, LDH issued a Memorandum and Guidance to aid in the use of Mifepristone and Misoprostol in Hospital Inpatient Settings. The Memorandum and Guidance can be viewed in its entirety, including the language of Act 246, at **https://ldh.la.gov/assets/medicaid/LDH-Guidance-Act-246-La-Reg-Session-2024.pdf**.

Section 2: Pharmacy Benefits Manager

Effective October 1, 2025, CVS Caremark is the Pharmacy Benefits Manager for Aetna Better Health of Louisiana.

CVS Caremark is available 24 hours, 7 days per week at the contacts below.

CVS Caremark Pharmacy Provider Services:

- Pharmacy Help Desk Phone Number: 1-855-364-2977 (pharmacies only)
- Website: **https://www.caremark.com/pharmacists-medical-professionals.html**
- Provider Contracting: **https://cvs.qualtrics.com/jfe/form/SV_cvyY0ohqT2VXYod?Q_JFE=qdg**

ABHLA Services:

- Member Help Desk Phone Number: 1-855-242-0802
- Pharmacy Prior Authorizations (PA) Phone Number (Available 24/7): 1-855-242-0802.
- Pharmacy PA Fax Number: 1-844-699-2889

Pharmacy processing information for CVS Caremark in Louisiana:

- BIN Number: 610591
- Processor Control #: MCAIDADV
- Group ID: RX881J

Section 3: Single Preferred Drug List (SPDL)

The **SPDL** is a list of drugs reviewed by Louisiana Department of Health's Pharmacy P & T Committee and approved by the LDH Secretary. Drugs are listed as preferred and non-preferred. All non-preferred drugs are required to follow the prior authorization process. The list is also referred to as the Louisiana Medicaid Single PDL.

There is a subset of drugs not listed on the Louisiana Medicaid Single PDL which may be available for coverage. These drugs typically do not require prior authorization. Generic substitution is mandated by the state. Clinical edits, such as quantity limits and age restrictions, may apply to some drug categories.

Please review the Preferred Drug List for any restrictions or recommendations regarding prescription drugs before prescribing a medication to an Aetna Better Health of Louisiana patient.

Check the current SPDL before writing a prescription for either prescription or over-the-counter drugs. Pharmacy Prior Authorization forms are available on our **website** and requests may be made telephonically by contacting **1-855-242-0802** or faxing requests to **1-844-699-2889.** Note: Aetna Better Health of Louisiana will cover non-preferred medications for members new to the plan for the first 60 days of enrollment if the member has been on the medication prior to enrolling and pharmacist or prescriber notifies the prior authorization team.

Aetna Better Health of Louisiana members must have their prescriptions filled at a network pharmacy.

Section 4: Coverage Requirements

Prior Authorization Process

The PA process will support the most effective medication choices by addressing drug safety concerns, encouraging proper administration of the pharmacy benefit, and determining medical necessity. With the exception of excluded drug classes, medications that are not included in this PDL are almost always covered without the requirement of prior authorization. Medications listed as non-preferred are available through the PA process. Please see the **Louisiana Medicaid Single PDL** for requirements.

The prescribing provider and member will be appropriately notified of all decisions in accordance with regulatory requirements. Prior to making a final decision, our Medical Director may contact the prescriber to discuss the case or consult with a board-certified physician from an appropriate specialty area such as a psychiatrist.

PA can be requested via the **ABHLA website**, via phone at **1-855-242-0802**, or via fax at **1-844-699-2889**.

Aetna Better Health of Louisiana allows a pharmacy to fill prescriptions for a 72-hour supply if the member's prescription has not been filled due to a pending PA decision.

Emergency Fills

Emergency fills with non-compliant written prescriptions are permissible as long as the prescriber provides a verbal, faxed, electronic or compliant written prescription within 72 hours after the date on which the prescription was filled. If an emergency fill is confirmed with a verbal order, the pharmacist must document the call on the face of the written prescription.

Beneficiaries with Retroactive Eligibility

Drugs that are not on the PDL are sometimes dispensed to patients who are awaiting Medicaid eligibility determinations. Pharmacy providers will be reimbursed for these claims when the date of service falls within the beneficiaries' retroactive time period. The retroactive time period is defined as the time period between the first date of eligibility and the date that the beneficiary's eligibility is placed on the beneficiary file. Pharmacy providers shall submit these claims electronically.

Section 5: Covered Services

Below are selected services and coverage criteria that are most utilized by ABHLA members. For a full list of covered drugs and prescribing requirements, please see the **Medicaid Single Preferred Drug List**. For pharmacy questions or issues, please see Section 2 of this appendix to contact the PBM.

Brand Name and Generic Drugs

Claims for multi-source "Brand Name Products" that are not included in the PDL/NPDL process (i.e., drugs not listed on the Preferred Drug List on the static link), shall not be subject to prior authorization. Since the manufacturers of these brand name products have signed the federal rebate agreement, these drugs must have a potential payable status. In consideration of the mandatory generic substitution, LDH requires the MCOs/PBMs to allow dispense as written (DAW) codes "1", "5", "8", and "9" for brand name processing. LDH expects the following codes to accommodate the filling of a brand name product without use of prior authorization:

- DAW "1": Brand name medically necessary from prescriber.
- DAW "5": Substitution allowed-brand drug dispensed as a generic (should be allowed when the brand drug is less expensive for 340B providers).
- DAW "8": Substitution allowed; generic drug not available in marketplace.
- DAW "9": Preferred brand over generic drugs.

Denials of brand drugs (unless the brand is a preferred drug—in or out of the process) should deny with an error code stating, "generic substitution required", mapped to NCPDP 22 (M/I Dispense as written (DAW)/Product selection code).

Allergen Extracts

Pharmacy claims for allergen extracts may be subject to clinical authorization/PA, physician prescriber requirements, age requirements, diagnosis code requirements, and an auto-injectable epinephrine prescription requirement for reimbursement.

Continuous Glucose Monitoring (CGM) Devices

CGM devices are covered. Beneficiaries must meet one of the following eligibility criteria:

- Diagnosis of any type of diabetes with the use of insulin more than two times daily; or
- Evidence of level 2 or level 3 hypoglycemia; or
- Diagnosis of glycogen storage disease type 1a.

CGM devices require a prescription and documentation of medical necessity. In addition, beneficiaries who receive this coverage are required to attend regular follow-up visits with a healthcare provider at a minimum of every six months to assess the on-going benefits. CGM sensor coverage will not change. The lifespan of a CGM sensor varies. The sensor may last 7, 10, or 14 days. The rate on file for CGM sensors incorporates these varying lifespans and represents a monthly rate rather than per unit rate. Louisiana Medicaid will not consider short-term CGMs as a covered device.

Diabetic Supplies

Effective with dates of service on or after 12/01/23, the following diabetic supplies and equipment will be reimbursed as a pharmacy benefit only:

- Diabetic glucose meters
- Diabetic test strips
- Continuous glucose meters
- Transmitters and sensors
- External insulin pumps
- Control solution
- Ketone test strips
- Lancets and devises

- Pen needles
- Reusable insulin pens
- Syringes

Diabetic test strips and lancets are subject to quantity limits. Preferred products and prior authorization criteria for continuous glucose monitors are posted on Diabetic Supplies Preferred Drug List at **https://www.ldh.la.gov/assets/docs/BayouHealth/Pharmacy/PDL.Diabetic.Supplies.pdf .** Reimbursement is based on the lower of:

1. The wholesale acquisition cost (WAC) plus the professional dispensing fee; or
2. The provider's usual customary charge to the general public.

Injectable Medications

When any portion of a single dose vial is used, providers may bill for the complete vial. Providers are expected to procure medication most closely matching dosages typically administered. Any attempt to maximize reimbursement are subject to recoupment and additional sanctions.

Medication Administration

Enrolled pharmacies may be reimbursed for the administration of select adult vaccines and the COVID vaccine. Pharmacists who have the "Authority to Administer" authorized by the Louisiana Board of Pharmacy may administer vaccines.

Narcotics

Scheduled narcotic prescriptions must be filled within six (6) months of the date issued, excluding Schedule II narcotic prescriptions. Schedule II narcotic prescriptions will expire 90 days after the date of issue in accordance with the Louisiana Board of Pharmacy regulations. Prescriptions for non-controlled substances expire after 11 authorized refills or one year after the date prescribed, whichever occurs first.

Non-Legend Items

Legend drugs are drugs that require a prescription or that have the following statement on the label, "Caution: Federal law prohibits dispensing without a prescription." Medicaid reimbursement is available for most legend drugs that are dispensed in outpatient settings.

Non-Legend Drugs

Only a limited number of non-legend or over-the-counter (OTC) drugs can be reimbursed by the Louisiana Medicaid program. For Medicaid reimbursement, these drugs must be prescribed by licensed practitioners. Providers must bill the NDC from the actual package dispensed. Also, the drug manufacturer must participate in the federal rebate program.

The following non-legend drugs are covered when an authorized prescriber has written a prescription:

1. Insulin;
2. Sodium chloride solution for inhalation therapy;
3. Contraceptives, topical;
4. Urinary pH modifiers; and
5. Other non-legend drugs that have Pharmacy Program approval.

Non-Legend Items and Supplies

Only a limited number of non-legend items and supplies can be reimbursed by the Medicaid Program. In order to receive Medicaid reimbursement, these items and supplies must be prescribed by licensed practitioners. (Providers must bill the NDC from the actual package dispensed):

1. OTC Vitamin D preparations
2. OTC Vitamin E preparations;
3. OTC Niacin preparations;

4. OTC Calcium replacement agents;
5. OTC Magnesium replacement agents;
6. OTC Phosphate replacement agents;
7. OTC Iron replacement agents;
8. Normal saline and heparin flushes;
9. Disposable needles and syringes used to administer insulin; 1
10. Test strips for determining blood glucose levels;
11. Lancets;
12. Urine test strips (e.g., Clinitest® and Clinistix®);
13. Family planning items; and
14. Other non-legend items and supplies that have Pharmacy Program approval.

Physician Administered Drugs

ABHLA is in alignment with the Louisiana Medicaid program for reimbursement of physician-administered drugs. Physician-administered drugs will align their maximum daily units with Federal Drug Administration (FDA) recommendations based on the following:

- **Informational Bulletin (IB) 21-19** issued by the Louisiana Department of Health,
- **Informational Bulletin (IB) 18-11** issued by the Louisiana Department of Health,
- **Centers for Medicare & Medicaid Services (CMS) Average Sales Price (ASP) pricing file**, and
- Food & Drug Administration (FDA) guidelines sited in Clinical Pharmacology, clinical resource.

Physician-administered drugs (such as J-code drugs) are those given by injection or infusion in a clinical setting and/or with the involvement of a healthcare provider, rather than self-administered by the patient. **Informational Bulletin (IB) 25-32** limits physician-administered drugs to only those eligible for rebates and applies only to drug claims with direct reimbursement. Aetna Better Health of Louisiana (ABHLA) covers physician-administered medications and their corresponding drug-related HCPCS codes in the following settings:

Hospital Outpatient

Drugs in this setting are billed on form UB-04 and are reimbursed at Cost-to-Charge Ratio (CCR) based on the following:

- Maximum daily unit for the drug, and
- Capped at ASP + 6%
- Drugs not included in the CMS file – one of the following methods:
  - If available, the wholesale acquisition cost (WAC) of the drug.
  - If no WAC is available, the reimbursement rate is 100 percent of the provider's current invoice for the dosage administered.

Infusion Pharmacies

Drugs in this setting are reimbursed at their maximum daily units and at one of the following methods:

- Drugs included in the CMS pricing file – ASP + 6%
- Drugs not included in the CMS file – one of the following methods:
  - If available, the wholesale acquisition cost (WAC) of the drug.
  - If no WAC is available, the reimbursement rate is 100 percent of the provider's current invoice for the dosage administered.

Prior Authorization (PA) is required for some physician-administered drugs, regardless of setting. Additionally, these drugs must be deemed medically necessary, and their administration must be within the scope of the provider's practice.

TIP: To determine drug authorization requirements, use the prior authorization lookup tool, ProPAT, at **https://medicaidportal.aetna.com/propat/Default.aspx**.

Total Parenteral Nutrition (TPN)

TPN is covered as a Pharmacy benefit. Associated supplies and equipment are covered services as Durable Medical Equipment (DME).