



## State of Louisiana

Department of Health and Hospitals  
Bureau of Health Services Financing

### MEMORANDUM

**DATE:** June 26, 2015

**TO:** Louisiana Medicaid Pharmacy Providers

**FROM:**   
J. Ruth Kennedy, Medicaid Director

**SUBJECT:** Reimbursement Changes for Over-The-Counter Products

Effective July 1, 2015, drugs listed in the table below will no longer be covered as a Pharmacy Benefit. These have transitioned from legend status to Over-The-Counter status.

Drug Generic Description	Drug Brand Description	NDC
Esomeprazole Capsule 20mg	Nexium 24 HR	00573-2450-14
Esomeprazole Capsule 20mg	Nexium 24 HR	00573-2450-28
Esomeprazole Capsule 20mg	Nexium 24 HR	00573-2450-42
Esomeprazole Capsule 20mg	Nexium 24 HR	00573-2450-43
Guaifenesin/Phenylephrine HCl	J-Max Syrup OTC	64661-0011-16
Polyethylene Glycol 3350	Polyethylene Glycol 3350	00904-6025-77
Polyethylene Glycol 3350	Polyethylene Glycol 3350	00904-6025-61
Polyethylene Glycol 3350	Gavilax	43386-0312-14

Claims submitted will deny at Point of Sale (POS) with:

**NCPDP rejection code 70 (Product/Service Not Covered) mapped to  
EOB code 299 (Product not covered)**

There are no override provisions through the Point of Sale (POS) system using NCPDP service codes.

Your continued participation in and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

Reimbursement Changes for Over-The-Counter Products

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If you have any questions about the contents of this memo, you may contact the Pharmacy Help Desk at 1-800-437-9101 or refer to [www.lamedicaid.com](http://www.lamedicaid.com)

MCJ/MBW/PSK

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