



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

MEMORANDUM

DATE: February 26, 2019

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Jen Steele, Medicaid Director

SUBJECT: Louisiana Medicaid Fee for Service (FFS) and Medicaid Managed Care Organizations (MCOs) Revised Pharmacy Quantity Limits for Aripiprazole (Aristada Initio®) and Risperidone (Perseris®)

The Louisiana Medicaid Fee for Service (FFS) Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (LADUR) Board has revised quantity limits at Point of Sale (POS) for aripiprazole (Aristada Initio®) and risperidone (Perseris®). The LADUR Board impacts Fee for Service and Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare) clinical initiatives.

Quantity Limits (FFS and MCO Pharmacy Claims)

The quantity limits for aripiprazole (Aristada Initio®) and risperidone (Perseris®) are listed in the chart below. **The quantity limits established in this memo supersedes the quantity limits defined in the memo on January 3, 2019.**

Generic Name	Trade Name	Quantity Limit per Rolling Days
Aripiprazole	Aristada Initio®	1 prefilled syringe per 18 months
Risperidone	Perseris®	1 prefilled syringe per 28 days

Pharmacy claims for aripiprazole (Aristada Initio®) for a quantity greater than 1 prefilled syringe per 18 months period will deny.

Pharmacy claims for risperidone (Perseris®) for a quantity greater than 1 prefilled syringe per 28 days will deny.

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These pharmacy claims will deny at POS with:

MCO and FFS: NCPDP reject error 76 (Quantity and/or days supply exceeds program maximum) mapped to

FFS Only: EOB code 457 (Quantity and/or days supply exceeds program maximum).

For **MCO pharmacy claims**, to override a quantity limit denial, contact the plan's pharmacy help desk. See reference chart at the end of this letter.

For **FFS pharmacy claims**, the quantity limit can be overridden if the prescriber deems it necessary. The pharmacist may override the claim denial after consultation with the prescriber, by submitting the following at POS:

NCPDP 439-E4 field (Reason for Service Code) EX (Excessive Quantity)

NCPDP 440-E5 field (Professional Service Code) MØ (Prescriber Consulted)

NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval)

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	DXC Technology	(800) 648-0790
Healthy Blue	Express Scripts	(844) 367-6111
Louisiana Healthcare Connections	CVS Caremark	(800) 311-0543
United Healthcare	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.

JS/MBW/GJS

c: Healthy Louisiana Plans
Melwyn B. Wendt
DXC Technology