



State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: December 23, 2020

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Tara A. LeBlanc, Interim Medicaid Executive Director

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale (POS) Quantity Limit Edits-
January 2021

Effective January 1, 2021, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs), in consultation with the Drug Utilization Review Board (DUR), will implement Point of Sale (POS) quantity limit edits for select medications. The edits apply to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

Quantity Limits

Quantity limits will be applied at POS to the following agents, medications, and therapeutic classes.

- Acne Agents (Table 1)
- Desmopressin (Nocdurna[®]) (Table 2)
- Anti-Infective, Anti-Fungal and Corticosteroids (Table 3)
- Diabetic Testing Supplies (Table 4)
- Sedative Hypnotics, Oral (Table 5)
- Risdiplam (Evrysdi[™]) (Table 6)

Pharmacy claims for agents which exceed the maximum quantity limit will deny with:

FFS Only: **NCPDP rejection error 76** (Quantity and/or days' supply exceeds program maximum) mapped to **EOB Code 457** (Quantity and/or days' supply exceeds program maximum).

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

FFS Only: Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override 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)

Additional Information

FFS Only: Most pharmacy claim denials can be overridden in emergency situations at Point of Sale. If it is necessary to override the claim, “03” can be entered in **NCPDP field 418-DI** (Level of Service). Refer to www.lamedicaid.com for the POS User Guide for drug specific override procedures.

MCO Only: If an override is required, or additional assistance needed, contact the health plan. (See contact information at the end of this document.)

MCO and FFS: 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.

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
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

Enclosure

POS Quantity Limit Tables-Effective January 1, 2021

Table 1. Acne Agents

PDL Acne Drugs - Generic	Strength	Formulation	Brand Example	Quantity Limit per 30 days
Adapalene	0.1%	Cream	Differin®	45 gm
Adapalene	0.1%	Gel	Differin®	45 gm
Adapalene	0.1%	Lotion	Differin®	59 mL
Adapalene	0.1%	Solution	NONE	60 mL
Adapalene (Pump)	0.3%	Gel	Differin®	45 gm
Adapalene/Benzoyl Peroxide	0.1%/2.5%	Gel	Epiduo®	45 gm
Adapalene/Benzoyl Peroxide	0.3%/2.5%	Gel	Epiduo® Forte	45 gm
Azelaic Acid	20%	Cream	Azelex®	30 gm
Clindamycin Phosphate	1%	Gel	Cleocin-T® Gel	60 gm
Clindamycin Phosphate	1%	Gel	Clindagel®	75 mL
Clindamycin Phosphate	1%	Lotion	Cleocin-T®	60 mL
Clindamycin Phosphate	1%	Medicated Swab	Cleocin T®	60 each
Clindamycin Phosphate	1%	Solution	Cleocin T®	60 mL
Clindamycin Phosphate	1%	Foam	Evoclin®	100 gm
Clindamycin Phosphate (Pledgets)	1%	Solution	Clindacin® Pac	1 pack
Clindamycin Phosphate/Benzoyl Peroxide	1%/5%	Gel	BenzaClin®	25 gm
Clindamycin Phosphate/Benzoyl Peroxide	1.2%/5%	Gel	Duac®, Neucac®	45 gm
Clindamycin Phosphate/Benzoyl Peroxide (Pump)	1%/5%	Gel	BenzaClin®	50 gm
Clindamycin Phosphate/Benzoyl Peroxide (Pump)	1.2%/3.75%	Gel	Onexton®	50 gm
Clindamycin Phosphate/Benzoyl Peroxide (Pump)	1.2%/2.5%	Gel	Acanya®	50 gm
Clindamycin Phosphate/Skin Cleanser 19	1%	Kit	Clindacin® Pac Kit	1 kit
Clindamycin/Benzoyl/Emollient Combo 94	1.2%/5%	Kit	Neucac™ Kit	130 gm
Clindamycin/Tretinoin	1.2%/0.025%	Gel	Ziana®	60 gm
Dapsone Gel	5%	Gel	Aczone®	90 gm
Erythromycin	2%	Gel	Erygel®	60 gm
Erythromycin	2%	Medicated Swab	Ery 2% Pads	60 each
Erythromycin	2%	Solution	NONE	60 mL
Erythromycin/Benzoyl Peroxide	3%/5%	Gel	Benzamycin®	46.6 gm
Minocycline Topical	4%	Foam	Amzeeq™	30 gm
Sulfacetamide Sodium	10%	Cleanser	Ovace® Plus	480 mL
Sulfacetamide Sodium	10%	Cream	Ovace® Plus	57 gm
Sulfacetamide Sodium	10%	Gel	Ovace® Plus Wash	355 mL
Sulfacetamide Sodium	9.8%	Lotion	Ovace® Plus	57 gm
Sulfacetamide Sodium	10%	Shampoo	Ovace® Plus	237 mL
Sulfacetamide Sodium	10%	Suspension	Klaron®	118 mL
Sulfacetamide Sodium	10%	Wash	Ovace®	480 mL
Sulfacetamide Sodium (3.5oz)	9.8%	Foam	Ovace® Plus	100 gm

PDL Acne Drugs - Generic continued	Strength	Formulation	Brand Example	Quantity Limit per 30 days
Sulfacetamide Sodium/Sulfur	10%/1%	Cleanser	BP 10-1®	170.1 gm
Sulfacetamide Sodium/Sulfur	10%/2%	Cleanser	Avar® LS	227 gm
Sulfacetamide Sodium/Sulfur	10%/5%	Cleanser	Avar®	227 gm
Sulfacetamide Sodium/Sulfur	9%/4.5%	Cleanser	Sumadan®	1 kit
Sulfacetamide Sodium/Sulfur	10%/2%	Cream	Avar-e® LS	57 gm
Sulfacetamide Sodium/Sulfur	10%/5%	Cream	SSS 10-5®	28 gm
Sulfacetamide Sodium/Sulfur	10%/2%	Foam	Avar® LS	100 gm
Sulfacetamide Sodium/Sulfur	10%/5%	Foam	SSS 10-5®	60 gm
Sulfacetamide Sodium/Sulfur	10%/5%	Lotion	NONE	30 gm
Sulfacetamide Sodium/Sulfur	10%/4%	Medicated Pads	Sumaxin®	60 ea
Sulfacetamide Sodium/Sulfur	8%/4%	Suspension	SulfaCleanse® 8/4	473 mL
Sulfacetamide Sodium/Sulfur	10%/5%	Cream	Avar-e® Green	57 gm
Sulfacetamide Sodium/Sulfur (Box of 60)	10%/2%	Cleansing Pad	Avar® LS	1 unit
Sulfacetamide Sodium/Sulfur (Box of 60)	9.5%/5%	Cleansing Pad	Avar®	1 unit
Sulfacetamide Sodium/Sulfur/Cleanser 23	10%/4%	Cleanser	Sumaxin® CP Kit	1 kit
Sulfacetamide Sodium/Sulfur/Urea	10%/5%/10%	Cleanser	NONE	355 mL
Tazarotene	0.1%	Cream	Tazorac®	60 gm
Tazarotene	0.1%	Foam	Fabior®	50 gm
Tazarotene	0.045%	Lotion	Arazlo™	45 gm
Tazarotene	0.1%	Gel	Tazorac®	60 gm
Tretinoin	0.075%	Cream	Tretin-X®	35 gm
Tretinoin	0.025%	Cream	Avita®; Retin-A®	45 gm
Tretinoin	0.01%	Gel	Retin-A®	45 gm
Tretinoin	0.025%	Gel	Avita®, Retin-A®	45 gm
Tretinoin	0.05%	Gel	Atralin®	45 gm
Tretinoin	0.04%	Gel Microspheres	Retin-A® Micro	45 gm
Tretinoin	0.1%	Gel Microspheres	Retin-A® Micro	45 gm
Tretinoin	0.05%	Lotion	Altreno®	45 gm
Tretinoin (Pump)	0.06%	Gel	Retin-A® Micro	50 gm
Tretinoin (Pump)	0.08%	Gel	Retin-A® Micro	50 gm
Tretinoin (Pump)	0.04%	Gel Microspheres	Retin-A® Micro	50 gm
Tretinoin (Pump)	0.1%	Gel Microspheres	Retin-A® Micro	50 gm
Tretinoin/Emollient 9/Skin Cleanser 1	0.05%	Combo Pack	Tretin-X®	1 each
Trifarotene	0.005%	Cream	Aklief®	45 gm

Table 2. Desmopressin (Nocdurna®)

Generic Name	Brand Name	Quantity Limit
Demopressin	Nocdurna®	30 tablets/day

Table 3. Anti-Infective, Anti-Fungal and Corticosteroids

Medication	Dosage Form	Quantity Limit
Ciclopirox Olamine 0.77%	Suspension	60ml/30 days
Ciprofloxacin HCl 0.2%	Otic Solution	2 packs of 14 singles/30 days
Clobetasol Propionate 0.05%	Cream	100gm/30 days
Clobetasol Propionate 0.05%	Ointment	120gm/30 days
Clobetasol Propionate 0.05%	Solution	100ml/30 days
Doxycycline Hyclate / Monohydrate	Capsule	60 caps of any strength/30 days
Econazole Nitrate 1%	Cream	85gm/30 days
Gentamicin Sulfate 0.3%	Ophthalmic Ointment	3.5gm/30 days
Gentamicin Sulfate 0.3%	Ophthalmic Solution	5ml/30 days
Gentamicin Sulfate 0.1%	Cream	30gm/30 days
Gentamicin Sulfate 0.1%	Ointment	30gm/30 days
Itraconazole 100mg	Capsule	120 caps/30 days
Itraconazole 100mg	Capsule Pulsepak	1 pack (28 caps) / 28 days
Itraconazole 65mg	Capsule	120 caps/30 days
Ketoconazole 2%	Shampoo	120ml/30 days
Ketoconazole 2%	Cream	60gm/30 days
Mupirocin 2%	Cream	30gm/30 days
Mupirocin 2%	Ointment	22gm/30 days
Nystatin 100,000 units/gm	Cream	60gm/30 days
Nystatin 100,000 units/gm	External Powder	60gm bottle; 2 bottles/30 days
Nystatin 100,000 units/gm	Ointment	60gm/30 days

Table 4. Diabetic Testing Supplies

Diagnosis	ICD-10-CM Diagnosis Code	Diagnosis Description	Quantity Limit
Non-Gestational Diabetes without insulin therapy	E08*, E09*, E013*	Diabetes Due to Other Conditions or Causes	100 Test Strips/90 days and 100 Lancets/90 days
	E011*	Type 2 Diabetes Mellitus	
Gestational Diabetes, Diabetes in Pregnancy, Non- Gestational Diabetes with insulin therapy	E10*	Type 1 Diabetes Mellitus	200 Test Strips/30 days and 200 Lancets/30 days
	O24*	Diabetes Mellitus in Pregnancy	
	Z79.4*	Long-Term (Current) Use of Insulin	

* any number or letter or combination of UP TO FOUR numbers or letters of an assigned ICD-10-CM diagnosis code

Table 5. Sedative Hypnotics, Oral

Medication	Naïve 7-day supply per rolling 30 days¹	Chronic Use 15-day supply per 30 rolling days²
Doxepin Tablet (Silenor [®])	7 tablets	15 tablets
Flurazepam Capsule	7 capsules	15 capsules
Estazolam Tablet	7 tablets	15 tablets
Eszopiclone Tablet (Lunesta [®])	7 tablets	15 tablets
Ramelteon Tablet (Rozerem [®])	7 tablets	15 tablets
Suvorexant Tablet (Belsomra [®])	7 tablets	15 tablets
Triazolam Tablet (Halcion [®])	7 tablets	15 tablets
Temazepam Capsule (Restoril [®])	7 capsules	15 capsules
Zaleplon Capsule (Sonata [®])	7 capsules	15 capsules
Zolpidem Tartrate (Ambien [®] ; Ambien CR [®])	7 tablets	15 tablets
Zolpidem Tartrate Sublingual (Edluar [®] ; Intermezzo [®])	7 tablets	15 tablets

¹ Oral sedative hypnotics for a naïve recipient have a 7 day supply per rolling 30 days.

Naïve is defined as having no paid claims for a sedative hypnotic in the previous 60 days.

² Oral sedative hypnotics for chronic use have a 15 day supply per rolling 30 days.

Chronic use is defined as having a paid claim for a sedative hypnotic in the previous 60 days.

Additional information for oral sedative hypnotics:

- Pharmacy claims for all sedative/hypnotic agents (except lemborexant, tasimelteon and zolpidem tartrate oral spray) are limited to:
 - A quantity of 7 per rolling 30 days for recipients who have no sedative/hypnotic pharmacy claims in the previous 60-day period.
 - A quantity of 15 per rolling 30 days for recipients who have any sedative/hypnotic pharmacy claim in the previous 60-day period.
- Lemborexant (Dayvigo[™]) is limited to a maximum quantity of 7 tablets per rolling 30 days.

Exclusions for quantity limit edits for oral sedative hypnotics:

- Pharmacy claims submitted with an ICD-10-CM diagnosis code of palliative care (Z51.5) in **NCPDP field 424-DO** will bypass the quantity limit.
- Pharmacy claims submitted for tasimelteon capsule (Hetlioz[®]) and zolpidem tartrate oral spray (ZolpiMist[®]) are excluded.

Table 6. Risdiplam (Evrysdi™)

Generic Name	Brand Name	Quantity Limit
Risdiplam	Evrysdi™	160 ml (2-80 ml bottles)