



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

MEMORANDUM

DATE: October 22, 2019

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Jen Steele, Medicaid Director

SUBJECT: Louisiana Medicaid Quantity Limits for Opioid Liquids, Collagenase Topical (Santyl®), and Galcanezumab Injection (Emgality®)

Effective November 1, 2019, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will update quantity limits at Point of Sale (POS) for liquid opiates, collagenase topical (Santyl®), and galcanezumab injection (Emgality®). The quantity limits apply to FFS and Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare).

Quantity Limits for Opioid (Oral) Liquid

Prescriptions for opioid oral liquids will have a quantity limit of 180 ml or a 7-day supply, whichever is less.

Pharmacy claims for opioid (oral) liquid formulations, which exceed the maximum quantity limit will deny with:

FFS Only: NCPDP reject code 76 (Quantity and/or days' supply exceeds program maximum)

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

Quantity Limits for Collagenase Topical (Santyl®)

Prescriptions for collagenase topical (Santyl®) will have a quantity limit of seven (7) 90 gram tubes per prescription fill, for a total of 630 grams.

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

FFS Only: NCPDP reject code 76 (Quantity and/or days' supply exceeds program maximum)

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

Quantity Limits for Galcanezumab-gnlm (Emgality®)

Prescriptions for galcanezumab-gnlm (Emgality®) 100 mg single-dose pen/syringe will have a quantity limit of (1) carton of 3 single-dose syringes per 30 days. Pharmacy claims, which exceed the maximum quantity limit should deny with:

FFS Only: NCPDP rejection 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).

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

There should be no POS overrides allowed other than the emergency override with a “03” in **NCPDP field 418-DI** (Level of Service).

Clinical and prior authorization will require prescribers to complete in full and submit the *Louisiana Uniform Prescription Drug Prior Authorization Form*.

Refer to <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf> for the Single PDL, which is an inclusive listing of preferred/non-preferred drugs, criteria, and forms.

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	CVS	(833) 236-6194
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