




# State of Louisiana

Louisiana Department of Health  
Bureau of Health Services Financing

## MEMORANDUM

**DATE:** March 25, 2022

**TO:** All Louisiana Medicaid Prescribing Providers and Pharmacists

**FROM:** Patrick Gillies, Medicaid Executive Director 

**SUBJECT:** Louisiana Medicaid Pharmacy Point of Sale Quantity Limits-  
April 2022

Effective April 1, 2022, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs), in consultation with the Drug Utilization Review (DUR) Board, will implement quantity limits for select medications. The quantity limits apply to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

### Point of Sale (POS) Quantity Limit

The agents listed in the chart below have quantity limits at Point of Sale (POS).

Medication Brand Example (Generic)	Quantity Limit
Adderall XR® / Mydayis™ (Amphetamine / Dextroamphetamine)	30 capsules per 30 days
Epclusa® (sofosbuvir/velpatasvir) 150mg/37.5mg oral pellet packet	28 packets per rolling 28 days
Epclusa® (sofosbuvir/velpatasvir) 200mg/50mg oral pellet packet	56 packets per rolling 28 days
Invega Hafyera™ (paliperidone palmitate)	1 syringe every 180 days
Loreev XR™ (lorazepam)	90 tablets per 30 days
Lybalvi™ (olanzapine/samidorphane)	30 tablets per 30 days
Mavyret® (glecaprevir/pibrentasvir) 50mg/20mg oral pellet packet	168 packets per rolling 28 days
Nuplazid® (pimavanserin) 10mg	30 tablets per 30 days
Opzelura™ (ruxolitinib)	480 grams per rolling 365 days
Qulipta™ (atogepant)	30 tablets per 30 days

Pharmacy claims for select drugs which exceed the quantity limit will deny with:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**. If additional assistance is needed, contact the health plan (See contact information at the end of this document).

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

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) **M0** (Prescriber Consulted)

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

**Additional Information:**

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 clinical 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. If you have questions about pharmacy claims billing, you may contact the appropriate plan at their pharmacy help desk listed in the chart below.

<b>Healthcare Provider</b>	<b>Pharmacy Help Desk</b>	<b>Pharmacy Help Desk Phone Number</b>
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.

PG/MBW/GJS

c: Healthy Louisiana Plans  
Melwyn B. Wendt

Gainwell Technologies