




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

MEMORANDUM

DATE: March 26, 2026
TO: All Louisiana Medicaid Prescribing Providers and Pharmacists
FROM: Seth Gold, Medicaid Executive Director 
SUBJECT: Louisiana Medicaid Pharmacy Point of Sale
Quantity Limits and Maximum Allowable Daily Dose – April 2026

Effective April 1, 2026, 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 new Point of Sale (POS) quantity limits and maximum allowable daily dose edits. The edits will apply to pharmacy claims submitted to Gainwell Technologies for FFS and to the Pharmacy Benefits Manager (PBM) for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, and Louisiana Healthcare Connections).

Point of Sale Quantity Limits

Pharmacy claims that exceed the maximum quantity limit, will deny at POS with:

- Denial from Gainwell Technologies (FFS Only): **NCPDP rejection error 88** (DUR Reject Error) mapped to **EOB Code 457** (Quantity and/or days' supply exceeds program maximum).
- Denial from Plan (MCOs Only): The pharmacy claim will deny with an **NCPDP rejection code**.

FFS Only Override: Upon consultation with the prescriber to verify medical necessity of the excessive quantity, the pharmacist may override the denial by submitting the following override codes 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)

MCO Quantity Limit Override: The override procedure is a Prior Authorization process. The pharmacy will not be able to override the quantity limit at POS using NCPDP override codes.

The agents listed in the following charts have a quantity limit at Point of Sale (POS).

Medications (Brand Example)	Quantity Limit
Apixaban (Eliquis® Sprinkle) Capsule for Oral Suspension	2 capsules per day (Initial 4 capsules/day for 7 days)
Apixaban (Eliquis®) Tablet for Oral Suspension	16 tablets per day (Initial 32 tablets/day for 7 days)
Brensocatic (Brinsupri™)	1 tablet per day
Buprenorphine SL Tablet 2mg*	3 units/day
Buprenorphine SL Tablet 8mg*	4 units/day
Buprenorphine/Naloxone 2mg/0.5mg SL Tab (Suboxone®)*	3 units/day
Buprenorphine/Naloxone 2mg/0.5mg SL Film (Suboxone®)*	1 unit/day
Buprenorphine/Naloxone 4mg/1mg SL Film (Suboxone®)*	1 unit/day
Buprenorphine/Naloxone 8mg/2mg SL Film/Tab (Suboxone®)*	4 units/day
Buprenorphine/Naloxone 12mg/3mg SL Film (Suboxone®)*	2 units/day
Buprenorphine/Naloxone SL Tablet 0.7mg/0.18mg (Zubsolv®)*	1 unit/day
Buprenorphine/Naloxone SL Tablet 1.4mg/0.36mg (Zubsolv®)*	1 unit/day
Buprenorphine/Naloxone SL Tablet 2.9mg/0.71mg (Zubsolv®)*	1 unit/day
Buprenorphine/Naloxone SL Tablet 5.7mg/1.4mg (Zubsolv®)*	4 units/day
Buprenorphine/Naloxone SL Tablet 8.6mg/2.1mg (Zubsolv®)*	2 units/day
Buprenorphine/Naloxone SL Tablet 11.4mg/2.9mg (Zubsolv®)*	2 units/day
Delgocitinib (Anzupgo®)	60gm per 30 days
Gepirone ER (Exxua™)	1 tablet per day
Insulin aspart-xjhz (Kirsty™)	Vial: 50ml per 30 days Pen: 45ml per 30 days
Nalmefene Injection (Zurnai™)	4 auto-injectors (2ml) per 30 days
Nerandomilast (Jascayd®)	2 tablets per day
Pegcetacoplan (Empaveli®)	8 vials per 28 days
Remibrutinib (Rhapsido®)	2 tablets per day
Selumetinib (Koselugo®)	Capsule: 120 per 30 days Oral Granule: 600 sprinkle caps per 30 days

Semaglutide (Wegovy®) Tablet**	1 tablet per day
Tezepelumab-ekko (Tezspire™)	1.91ml per 28 days
Tizanidine 4 mg (Zanaflex®)	180 units per 30 days
Tizanidine 8 mg (Zanaflex®)	90 units per 30 days

*POS override process not applicable.

**Quantity limit override procedure will be a PA process for FFS and MCO.

Point of Sale Maximum Allowable Daily Dose for Oral Buprenorphine-Containing Agents

Pharmacy claims submitted for oral buprenorphine agents (single-ingredient and combination) that exceed the maximum daily dose of 32mg/day of buprenorphine or buprenorphine equivalent will deny with the following:

NCPDP rejection code 75 (DUR Reject Error) mapped to
EOB code 325 (Exceeds Max Daily Dose MD Fax Override Form)

Note: A prior authorization approval for exceeding the maximum allowable daily dose will allow for quantities beyond the specified maximum quantity limits per day. The prior authorization override allows a maximum daily dose greater than 32mg per day, not to exceed a maximum daily dose of 64 mg per day. There is no additional override option to exceed 64mg per day.

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, criteria, and diagnosis code list.

If you have questions about the content of this memo, you may contact the FFS pharmacy help desk by phone at (800) 437-9101.

FFS pharmacy claims should be submitted to Gainwell Technologies. MCO pharmacy claims should be submitted to the appropriate PBM.

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

Health Plan	PBM	Provider Claims/Billing Issues
Aetna Better Health	CVS Caremark	1(855) 364-2977
AmeriHealth Caritas	PerformRx	1(800) 684-5502
Healthy Blue	Carelon RX (MCO) Carrier Name: VOYRX- LA Medicaid	1(833)-485-6236
Humana	Humana Pharmacy Solutions Inc.	1(833) 252-1677
Louisiana Healthcare Connections	Express Scripts	1(833) 750-4451

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.

SY/SF/RB/GJS

cc:

Gainwell Technologies
Healthy Louisiana MCOs
Rachel Broussard
Sharon Yeske
Sue Fontenot