Jeff Landry
GOVERNOR

Bruce D. Greenstein
SECRETARY

State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

M E M O R A N D U M

DATE: July 29, 2025

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Kimberly Sullivan, Medicaid Executive Director

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Quantity Limits – August 2025

Effective August 1, 2025, 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. These quantity limits will apply to pharmacy claims submitted to Gainwell Technologies for FFS and to Prime Therapeutics State Government Solutions, LLC (Prime) for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

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 Prime (MCO Only): **NCPDP rejection code 76** (Plan Limitations Exceeded) **mapped to an internal error code 15110 or 7001.**

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 will be a PA 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).

Medication	**Quantity Limit**
Dexchlorpheniramine maleate (Ryclora™)	900 mls per 30 days (maximum of 30 mls/day)
Albuterol/Budesonide (AirSupra HFA®) **	six (6) inhalers per 365 days
Aprocitentan (Tryvio™)	1 tablet per day
Palopegteriparatide (Yorvipath®)	2 pens per 28 days
Lumateperone (Caplyta®)	30 capsules per 30 days
Patiromer (Veltassa™) 8.4gm, 16.8gm, 25.2 gm	1 packet per day
Patiromer (Veltassa™) 1gm	4 packets per day
Risdiplam (Evrysdi™) oral solution	160ml (2-80ml bottles) every 24 days
Risdiplam (Evrysdi™) tablet	1 tablet per day
Suzetrigine (Journavx™)	29 tablets per 14 days. *One claim is allowed every 90 days*
Fezolinetant (Veozah™)	30 tablets per 30 days
Buprenorphine Extended-Release Injection (Sublocade®) 300mg	Initiation of therapy: 2 units per 26 days Maintenance: 1 unit per 26 days
Diagnosis code submitted on the pharmacy claim will bypass the quantity limit Bronchitis, not specified (J40) Chronic Airway Obstruction (J44.9) Cystic Fibrosis (E84. *) Emphysema (J43. *) Obstructive Chronic Bronchitis, Chronic Obstructive Asthma (J44. *) ** – any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD–10–CM diagnosis code*	
NEUROPATHIC PAIN AGENTS	**Quantity Limit**
Capsaicin/Skin Cleanser (Qutenza Kit®)	4 topical systems per 90 days
Duloxetine Capsule (Cymbalta®)	2 capsules per day
Duloxetine DR Capsule (Drizalma Sprinkle™)	2 capsules per day
Gabapentin Capsule/Tablet (Neurontin®)	3 units per day
Gabapentin Solution (Neurontin®)	72 mls per day
Gabapentin ER Tablet (Gralise®)	2 tablets per day
Gabapentin Enacarbil Tablet (Horizant®)	2 tablets per day
Lidocaine 5% Patch (DermacinRx Lidocan®, Lidoderm®)	30 patches per rolling 30 days

Lidocaine/Kinesiology Tape (XyliDerm®)	30 patches per rolling 30 days
Milnacipran Tablet (Savella®)	2 tablets per day
Pregabalin Capsule (Lyrica®)	3 capsules per day
Pregabalin Solution (Lyrica®)	30 mls per day
Pregabalin ER Tablet (Lyrica CR®)	1 tablet per day
LEUKOTRIENE MODIFIERS	**Quantity Limit**
Montelukast Chewable Tablet, Granules, Tablet (Singulair®)	1 packet or tablet per day (all strengths)
Zafirlukast Tablet (Accolate®)	2 tablets per day (all strengths)
Zileuton ER Tablet, Tablet (Generic)	4 tablets per day
NSAIDS	**Quantity Limit**
Celecoxib Capsule (Celebrex®)	50mg, 100mg, 200mg: 2 per day
	400mg: 1 per day
Diclofenac Sodium DR Tablet	25mg & 50mg: 4 per day
	75mg: 2 per day
Diclofenac Sodium Transdermal Gel	1%: 300 grams per 30 days
	3%: 100 grams per 30 days
Diclofenac Epolamine Patch (Flector®)	2 per day
Diclofenac Potassium 25mg Capsule, 50mg Tablet	4 per day
Diclofenac Potassium 25mg Tablet (Lofena®)	8 per day
Diclofenac Sodium 1.5% Topical Solution (Pennsaid®)	150ml (1 bottle) per 30 days
Diclofenac Sodium 2% Topical Solution (Pennsaid® Pump)	112g (1 bottle) per 30 days
Diclofenac Sodium 100mg TAB ER 24H	1 per day
Diclofenac/Misoprostol Tablet (Arthrotec®)	50mg/200mg: 4 per day
	75mg/200mg: 3 per day
Diflunisal Tablet	3 per day
Etodolac Capsule; SR Tablet; Tablet	1 per day
Fenoprofen Capsule, Tablet (Nalfon®)	4 per day
Flurbiprofen Tablet	3 per day
Ibuprofen Suspension Rx	240ml per 30 days
Ibuprofen Tablet Rx	4 per day (all strengths)
Ibuprofen/Famotidine Tablet (Duexis®)	3 per day
Indomethacin Capsule	4 per day
Indomethacin ER Capsule	3 per day
Indomethacin Suspension	40ml per day
Indomethacin Rectal	3 per day
Ketoprofen Capsule	4 per day

Ketoprofen ER Capsule	1 per day
Ketorolac Tablet	20 [max 5-day supply] per 30 days
Meclofenamate Sodium Capsule	50mg: 6 per day
	100mg: 4 per day
Mefenamic Acid Capsule	4 per day
Meloxicam Submicronized Capsule	1 per day (5mg, 10mg)
Meloxicam Tablet	1 per day (all strengths)
Nabumetone Tablet	2 per day
Nabumetone Tablet (Relafen DS™)	1 per day
Naproxen EC Tablet, Naproxen Tablet, Naproxen Sodium CR Tablet, Naproxen Sodium Tablet	2 per day
Naproxen Suspension	60ml per day; max 1500ml (3 bottles) per 25 days
Naproxen/Esomeprazole Tablet (Vimovo®)	2 per day
Oxaprozin Tablet	2 per day
Piroxicam Capsule	1 per day
Sulindac Tablet	2 per day
Tolmetin Sodium Capsule, Tablet	3 per day
LONG-ACTING ADHD STIMULANTS and Related Agents	**Quantity Limit**
Amphetamine XR ODT (Adzenys XR ODT®)	30 tablets per 30 days
Amphetamine XR Tablet (Dyanavel XR®)	30 tablets per 30 days
Amphetamine XR Suspension (Dyanavel XR®)	8ml per day; max 240ml per 30 days
Amphetamine Salt Combo ER (Adderall XR®)	30 capsules per 30 days
Amphetamine/Dextroamphetamine XR (Mydayis®)	30 capsules per 30 days
Armodafinil (Nuvigil®)	30 tablets per 30 days
Atomoxetine (Strattera®)	30 capsules per 30 days
Dexmethylphenidate ER (Focalin XR®)	30 capsules per 30 days
Dextroamphetamine (Xelstrym®)	1 patch per day
Lisdexamfetamine capsule/chewable tablet-(Vyvanse®)	30 capsules/chewable tablets per 30 days
Methylphenidate CD (Metadate CD®)	30 capsules per 30 days
Methylphenidate ER (Aptensio XR®, Ritalin LA®, Jornay PM®, Concerta®, Metadate ER, QuilliChew ER®, Relexxii™)	30 units per 30 days

Methylphenidate XR Suspension (Quillivant XR®)	12ml per day; max 360ml per 30 days
Methylphenidate XR ODT (Cotempla XR ODT®)	30 tablets per 30 days
Methylphenidate (Daytrana®)	1 patch per day
Modafinil (Provigil®)	30 tablets per 30 days
Pitolisant (Wakix®)	30 tablets per 30 days
Serdexmethylphenidate/Dexmethylphenidate (Azstarys™)	30 capsules per 30 days
Solriamfetol (Sunosi™)	30 tablets per 30 days
Viloxazine (Qelbree™)	30 capsules per 30 days
MINIMALLY SEDATING ANTIHISTAMINES	**Quantity Limit**
Cetirizine Solution (OTC, Rx)	10mls per day
Cetirizine Tablet, Chewable, Capsule (OTC)	1 per day
Cetirizine-D OTC	2 per day
Desloratadine Tablet, ODT	1 per day
Desloratadine D 12 hour	2 per day
Fexofenadine Tablet 60mg	2 per day
Fexofenadine Tablet 180mg	1 per day
Fexofenadine Suspension	10mls per day
Fexofenadine-D Tablet 12-hour	2 per day
Fexofenadine-D Tablet 24-hour	1 per day
Levocetirizine Tablet	1 per day
Levocetirizine Solution	10mls per day
Loratadine OTC - Tablet, ODT, Chewable	1 per day
Loratadine Solution OTC	10mls per day
Loratadine-D OTC 12-hour	2 per day
Loratadine-D OTC 24-hour	1 per day
ORAL CYSTIC FIBROSIS AGENTS	**Quantity Limit**
Elexacaftor/Tezacaftor/Ivacaftor Packet, Tablet (Trikafta®)	Packet: 56 packets per 28 days
	Tablet: 84 tablets per 28 days
Ivacaftor Packet, Tablet (Kalydeco®)	56 packets/tablets per 28 days
Lumacaftor/Ivacaftor Packet, Tablet (Orkambi®)	Packet: 56 packets per 28 days
	Tablet: 112 tablets per 28 days
Tezacaftor/Ivacaftor Tablet (Symdeko®)	56 tablets per 28 days
Vanzacaftor/Tezacaftor/Deutivacaftor Tablet (Alyftrek™)	4-20-50mg: 84 tablets per 28 days
	10-50-125mg: 56 tablets per 28 days

Diagnosis Specific Quantity Limit

IMMUNOMODULATORS	Diagnosis Specific	Dosage Form	Quantity Limits
Benralizumab (Fasenra®)	Severe Persistent Asthma (J45.50, J45.51) Eosinophilic Asthma (J82.83)	30mg/ml Autoinjector or Syringe	Initiation: 3ml in 112 days Maintenance: 1ml in 56 days
		10mg/ml (Syringe)	Initiation: 1.5ml in 112 days Maintenance: 0.5ml in 56 days
	Eosinophilic Granulomatosis with Polyangiitis (M30.1)	30mg/ml Autoinjector or Syringe	1ml per 28 days
Mepolizumab (Nucala®)	Severe Persistent Asthma (J45.50, J45.51) Eosinophilic Asthma (J82.83)	Autoinjector or Syringe	100mg/ml: 1ml per 28 days 40mg/0.4ml: 0.4ml per 28 days
		Vial	1 vial per 28 days
	Chronic Rhinosinusitis with Nasal Polyps (J33*)	Autoinjector or Syringe	1ml per 28 days
		Vial	1 vial per 28 days
	Eosinophilic Granulomatosis with Polyangiitis (M30.1)	Autoinjector or Syringe	3ml per 28 days
		Vial	3 vials per 28 days
	Hypereosinophilic Syndrome [HES] (D72.110, D72.111, D72.119)	Autoinjector or Syringe	3ml per 28 days
		Vial	3 vials per 28 days
Omalizumab (Xolair®)	Moderate or Severe Persistent Asthma (J45.40, J45.41, J45.50, J45.51)	Autoinjector or Syringe	5ml per 28 days
		Vial	6 vials per 28 days
	Chronic Rhinosinusitis with Nasal Polyps (J33*)	Autoinjector or Syringe	8ml per 28 days
		Vial	8 vials per 28 days
	IgE-Mediated Food Allergy (Z91.01*)	Autoinjector or Syringe	8ml per 28 days
		Vial	8 vials per 28 days
	Chronic Spontaneous Urticaria (L50.0, L50.1, L50.8, L50.9)	Autoinjector or Syringe	2ml per 28 days
		Vial	2 vials per 28 days
Reslizumab (Cinqair®)	Severe Persistent Asthma (J45.50, J45.51) Pulmonary Eosinophilia (J82.8*)	Vial	1 claim per 28 days
Tezepelumab-ekko (Tezspire™)	Severe Persistent Asthma (J45.50, J45.51)	Pen or Syringe	1.91ml per 28 days

Tralokinumab-ldrm (Adbry®)	Atopic Dermatitis (L20*)	Autoinjector or Syringe	Initiation: 6ml per 28 days Maintenance: 4ml per 28 days
Lebrikizumab-lbkz (Ebglyss™)	Atopic Dermatitis (L20*)	Pen or Syringe	Initiation: 8ml per 28 days Maintenance: 4ml per 28 days
Nemolizumab-ilto (Nemluvio®)	Atopic Dermatitis (L20*)	Pen	Initiation: 2 pens per 28 days Maintenance: 1 pen per 28 days
	Prurigo Nodularis (L28.1)	Pen	2 pens per 28 days

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 Prime. 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, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, UnitedHealthcare	Prime	(800) 424-1664
Fee for Service	Gainwell Technologies	(800) 648-0790

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.

KS/RB/SF/GJS

c: Gainwell Technologies
Healthy Louisiana Plans
Rachel Broussard
Sue Fontenot
Kolynda Parker
Prime Therapeutics State Government Solutions, LLC